

**LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES**

**AUTHORITY:** COOPER CITY CODE OF ORDINANCES SECTION 2-233

**NAME:** Morrall Matthew, E.  
(LOBBYIST) (Please PRINT Last name, first name, M.I.)

**COMPANY:** Matthew E. Morrall PA

**MAILING ADDRESS:** 2850 N. Andrews Ave.  
H. Lauderdale, FL 33311

**TELEPHONE:** 957-563-4005

For the Period from January 1, 201~~3~~<sup>4</sup> through December 31, 201~~3~~<sup>4</sup>.

This form shall be filed by 5:00 p.m., January 15, 201~~3~~<sup>4</sup>.

Forms not postmarked by Midnight, January 15, 201~~3~~<sup>4</sup> may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

**EXPENDITURES** None

| Purpose of Expenditure | Source of Funds | Amount |
|------------------------|-----------------|--------|
| N/A                    | N/A             | N/A    |
|                        |                 |        |
|                        |                 |        |
|                        |                 |        |

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

Matthew E. Morrall  
Signature

STATE OF Florida

COUNTY OF Broward

Sworn and subscribed to before me this 8th day of December 201~~3~~<sup>4</sup>.

Notary or Deputy Secretary/Clerk



**LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES**

**AUTHORITY:** COOPER CITY CODE OF ORDINANCES SECTION 2-233

**NAME:** Benz, John A.  
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

**COMPANY:** Memorial Healthcare System

**MAILING ADDRESS:** 1131 N. 35<sup>th</sup> Avenue, 3<sup>rd</sup> Floor  
Hollywood, FL 33021

**TELEPHONE:** (954) 265-3451

For the Period from January 1, 2014 through December 31, 2014.

This form shall be filed by 5:00 p.m., January 15, 2015.

Forms not postmarked by Midnight, January 15, 2015 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

**EXPENDITURES**

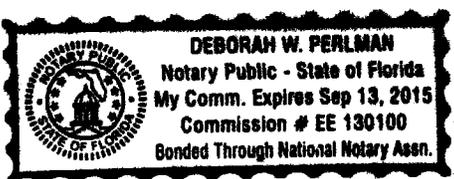
| Purpose of Expenditure | Source of Funds | Amount |
|------------------------|-----------------|--------|
| Ø                      | Ø               | Ø      |
|                        |                 |        |
|                        |                 |        |
|                        |                 |        |
|                        |                 |        |

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

John A. Benz  
Signature

STATE OF FLORIDA

COUNTY OF BROWARD



Sworn and subscribed to before me this 6<sup>TH</sup> day of JANUARY 2015.

Deborah W. Perlman  
Notary or Deputy Secretary/Clerk

**LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Boxer, Ashley B.  
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Memorial Healthcare System

MAILING ADDRESS: 1131 N. 35<sup>th</sup> Avenue  
Hollywood, FL 33021

TELEPHONE: (954) 265-9912

For the Period from January 1, 2014 through December 31, 2014.

This form shall be filed by 5:00 p.m., January 15, 2015.

Forms not postmarked by Midnight, January 15, 2015 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

**EXPENDITURES**

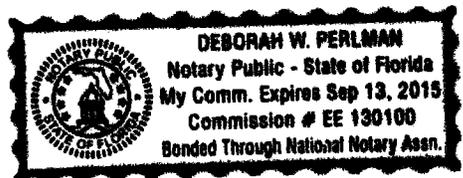
| Purpose of Expenditure | Source of Funds | Amount |
|------------------------|-----------------|--------|
| Ø                      | Ø               | Ø      |
|                        |                 |        |
|                        |                 |        |
|                        |                 |        |
|                        |                 |        |

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

Ashley B. Boxer  
Signature

STATE OF FLORIDA

COUNTY OF BROWARD



Sworn and subscribed to before me this 6<sup>th</sup> day of JANUARY 2015.

Deborah W. Perlman  
Notary or Deputy Secretary/Clerk

**LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Lewis, Alicia, J  
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Greenspoon Marder, P.A.

MAILING ADDRESS: 200 East Broward, Suite 1900  
Fort Lauderdale, FL 33301

TELEPHONE: 954-527-6276

For the Period from January 1, 2014 through December 31, 2014.

This form shall be filed by 5:00 p.m., January 15, 2015.

Forms not postmarked by Midnight, January 15, 2015 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

**EXPENDITURES**

| Purpose of Expenditure | Source of Funds | Amount |
|------------------------|-----------------|--------|
| <u>None</u>            |                 |        |
|                        |                 |        |
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|                        |                 |        |

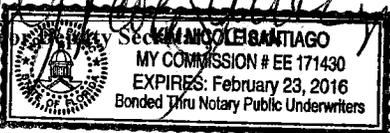
I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

Alicia J Lewis  
Signature

STATE OF Florida

COUNTY OF Broward

Sworn and subscribed to before me this 5 day of January 20 15.

[Signature]  
Notary  


**LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Mele, Dennis D.  
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Greenspoon Marder, P.A.

MAILING ADDRESS: 200 East Broward Blvd, Suite 1800  
Fort Lauderdale, FL 33301

TELEPHONE: 954-527-2409

For the Period from January 1, 2014 through December 31, 2014.

This form shall be filed by 5:00 p.m., January 15, 2015.

Forms not postmarked by Midnight, January 15, 2015 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

**EXPENDITURES**

| Purpose of Expenditure | Source of Funds | Amount |
|------------------------|-----------------|--------|
| None                   |                 |        |
|                        |                 |        |
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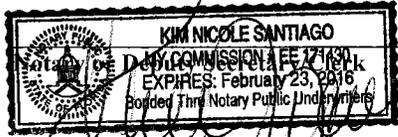
I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

Dennis D. Mele  
Signature

STATE OF Florida

COUNTY OF Broward

Sworn and subscribed to before me this 5 day of January 20 15



*[Handwritten Signature]*

**LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Wherry, Steven  
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Greenspoon Marder

MAILING ADDRESS: 200 East Broward Blvd, Suite 1000  
Fort Lauderdale, FL 33301

TELEPHONE: 954-200-7017

For the Period from January 1, 2014 through December 31, 2014.

This form shall be filed by 5:00 p.m., January 15, 2015.

Forms not postmarked by Midnight, January 15, 2015 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

**EXPENDITURES**

| Purpose of Expenditure | Source of Funds | Amount |
|------------------------|-----------------|--------|
| <u>None</u>            |                 |        |
|                        |                 |        |
|                        |                 |        |
|                        |                 |        |

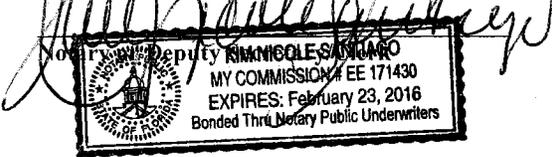
I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

Signature \_\_\_\_\_

STATE OF Florida

COUNTY OF Broward

Sworn and subscribed to before me this 5 day of January 20 15.



**LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Calhoun, Hope W.  
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Dunay, Mistel + Beckman

MAILING ADDRESS: 14 SE 4<sup>th</sup> Street, Suite 36  
Boca Raton, Fl. 33432

TELEPHONE: (561) 405-3324

For the Period from January 1, 2014 through December 31, 2014.

This form shall be filed by 5:00 p.m., January 15, 2015.

Forms not postmarked by Midnight, January 15, 2015 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

EXPENDITURES None

| Purpose of Expenditure | Source of Funds | Amount       |
|------------------------|-----------------|--------------|
| <u>N/A</u>             | <u>N/A</u>      | <u>- 0 -</u> |
|                        |                 | <u> </u>     |
|                        |                 |              |
|                        |                 |              |
|                        |                 |              |

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

[Signature]  
Signature

STATE OF Florida

COUNTY OF Palm Beach

Sworn and subscribed to before me this 12<sup>th</sup> day of January 2015.

[Signature]  
Notary or Deputy Secretary/Clerk



**LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES**

**AUTHORITY:** COOPER CITY CODE OF ORDINANCES SECTION 2-233

**NAME:** Backman, Scott  
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

**COMPANY:** Dunay, Miskel + Backman, LLP

**MAILING ADDRESS:** 14 Southeast 4th Street, Suite 36  
Boca Raton, FL 33432

**TELEPHONE:** (561) 405-3325

For the Period from January 1, 2014 through December 31, 2014.

This form shall be filed by 5:00 p.m., January 15, 2015.

Forms not postmarked by Midnight, January 15, 2015 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

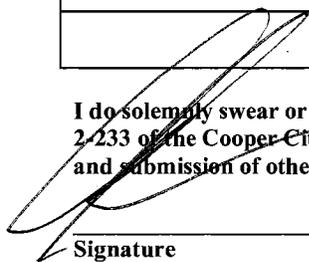
Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

**EXPENDITURES**

| Purpose of Expenditure | Source of Funds | Amount |
|------------------------|-----------------|--------|
| None                   |                 |        |
|                        |                 |        |
|                        |                 |        |
|                        |                 |        |
|                        |                 |        |

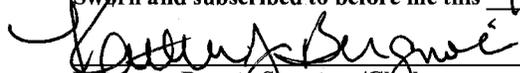
I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

  
\_\_\_\_\_  
Signature

STATE OF Florida

COUNTY OF Palm Beach

Sworn and subscribed to before me this 9<sup>th</sup> day of January 2015.

  
\_\_\_\_\_  
Notary or Deputy Secretary/Clerk

