LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES

AUTHORITY:  COOPER CITY CODE OF ORDINANCES SECTION 2-233

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

COMPANY:  Greenspoon Marder PA

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

TELEPHONE:  954 727-2409

For the Period from January 1, 2015 through December 31, 2015.

This form shall be filed by 5:00 p.m., January 15, 2016.

Forms not postmarked by Midnight, January 15, 2016 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

<table>
<thead>
<tr>
<th>Purpose of Expenditure</th>
<th>Source of Funds</th>
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</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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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.

Signature

STATE OF Florida

COUNTY OF Broward

Sworn and subscribed to before me this 7 day of Jan 2016

Notary or Deputy Secretary Clerk
LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

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

COMPANY: Matthew E. Morrell P.A.

MAILING ADDRESS: 2850 W. Andrews Ave
Fort Lauderdale, FL 33311

TELEPHONE: 954-563-9005

For the Period from January 1, 2015 through December 31, 2015.

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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.

Matthew E. Morrell
Signature

STATE OF Florida
COUNTY OF Broward

Sworn and subscribed to before me this 31st day of January 2016.

Notary or Deputy Secretary/Clerk
**LOBBYIST STATEMENT**  
**ANNUAL STATEMENT OF EXPENDITURES**

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

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

**COMPANY:** Greenburg Traurig

**MAILING ADDRESS:**  
101 East Las Olas Blvd  
Suite 2000, Ft. Lauderdale, Fl 33301

**TELEPHONE:**  
954-768-2204

For the Period from January 1, 2015 through December 31, 2015.

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Signature

STATE OF Florida

COUNTY OF Broward

Sworn and subscribed to before me this 8th day of January 2016.

Notary or Deputy Secretary/ Clerk

[Notary Public Seal]
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, Miskel & Backman, LLP

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

TELEPHONE: 561-405-3324

For the Period from January 1, 2015 through December 31, 2015

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Signature

STATE OF

COUNTY OF Palm Beach

Sworn and subscribed to before me this 8th day of January 2016

Notary or Deputy Secretary/Clerk

ANNA LIMARDO
MY COMMISSION # FF237876
EXPIRES June 04, 2019
FloridaNocaryService.com
**LOBBYIST STATEMENT**

**ANNUAL STATEMENT OF EXPENDITURES**

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

**NAME:** John Benz

(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

**COMPANY:** Memorial Healthcare System

**MAILING ADDRESS:**

3111 Stirling Road
Hollywood, FL 33312

**TELEPHONE:** 954-265-3451

For the Period from January 1, 2015 through December 31, 2015.

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**Signature:**

**STATE OF FLORIDA**

**COUNTY OF BROWARD**

Sworn and subscribed to before me this 5th day of January, 2018.

**Notary or Deputy Secretary/Clerk:**

[Signature]
LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

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

COMPANY: Memorial Healthcare System

MAILING ADDRESS: 3111 Stirling Road
Hollywood, FL 33312

TELEPHONE: 954-265-9912

For the Period from January 1, 2015 through December 31, 2015.

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Ashley Boxer

Signature

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn and subscribed to before me this 5TH day of JANUARY 2016.

Deborah W. Perlman
Notary or Deputy Secretary/Clerk

Notary Public - State of Florida
Commission # FF 232855
My Comm. Expires Sep 13, 2019
Bonded through National Notary Assn.