

**LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES**

01-12-16 A10:53 IN

**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 P.A.

**MAILING ADDRESS:** 2850 N. ANSONS AVE  
FORT LAUD. FL 33311

**TELEPHONE:** 954-563-4005

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**

Purpose of Expenditure	Source of Funds	Amount
NONE	N/A	0

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 8<sup>th</sup> day of January 2016.

Karen Salinger  
Notary or Deputy Secretary/Clerk



**LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES**

01-13-16 A09:58 IN

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

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

COMPANY: Greenberg Traurig

MAILING ADDRESS: 401 East Las Olas Blvd  
Suite 2000, Ft. Lauderdale, FL 33301

TELEPHONE: 954-768-8204

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

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

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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
<i>NONE</i>		

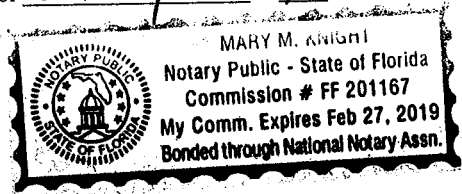
I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

*Barbara Hall*  
Signature

STATE OF Florida  
COUNTY OF Broward

Sworn and subscribed to before me this 8<sup>th</sup> day of January 20 16.

*Mary M. Knight*  
Notary or Deputy Secretary/Clerk



**LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES**

01-11-16 A10:48 IN

**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

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

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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
<i>NA</i>	<i>N/A</i>	<i>- 0 -</i>

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 *Fl.*

COUNTY OF *Palm Beach*

Sworn and subscribed to before me this *8<sup>th</sup>* day of *January* 20 *16*

*[Signature]*  
Notary or Deputy Secretary/Clerk



**LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES**

01-11-16 A10:48 IN

**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.

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

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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**

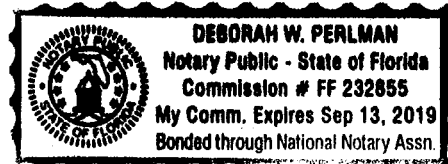
Purpose of Expenditure	Source of Funds	Amount
-0-	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-

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 *John C. Benz*

STATE OF FLORIDA

COUNTY OF BROWARD



Sworn and subscribed to before me this 5<sup>TH</sup> day of JANUARY 20 16.

*Deborah W. Perلمان*  
Notary or Deputy Secretary/Clerk

LOBBYIST STATEMENT  
ANNUAL STATEMENT OF EXPENDITURES

01-11-16 A10:48 IN

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.

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

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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
-0-	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-
-0-	-0-	-0-

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 Boxer  
Signature

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn and subscribed to before me this 5<sup>TH</sup> day of JANUARY 2016.

Deborah W. Perlman  
Notary or Deputy Secretary/Clerk

