



**Cooper City Commission Meeting
Agenda Item Request Form**

Commission Meeting/Workshop Date: 03/19/2019

Requesting Department: Commission/Mayor Ross – Commissioner Green

Subject: Finance Advisory Board Appointment

Section:

Presentation

Consent

Regular

Discussion

Background and Recommendation (attach backup material to Item Request Form):

Resolution appointing the following members to the Finance Advisory Board

Michele Pemberton
Sam Saad

by Commissioner Green
by Commissioner Pulcini

General Ledger Account Number(s) and Amount(s):

Approvals:

Finance Director _____ City Manager _____ City Clerk _____

RESOLUTION NO. 19-3-5

A RESOLUTION OF THE CITY OF COOPER CITY, FLORIDA, DESIGNATING AND APPOINTING OR REAPPOINTING MEMBERS TO THE FINANCE ADVISORY BOARD OF THE CITY OF COOPER CITY, FLORIDA; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City of Cooper City has a duly constituted Finance Advisory Board, created by Resolution 18-12-4; and

WHEREAS, vacancies have occurred and/or the existing terms of members have expired on said Board; and

WHEREAS, the City Commission is desirous of filling said vacancies and/or reappointing existing members.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF COOPER CITY, FLORIDA:

Section 1: That the following persons are hereby appointed as members of the Cooper City Finance Advisory Board in accordance with the provisions of Resolution 18-12-4 and Section 2-116(b)(3) of the City Code, for the term to coincide with the term of office of the appointing Commissioner as designated below:

BY:	APPOINTEE	TERM
Commissioner Green	Michele Pemberton	2020
Commissioner Pulcini	Sam Saad	2022

Section 2: This Resolution shall be in force and take full effect immediately upon its passage and adoption.

PASSED AND ADOPTED this 19th day of March, A.D., 2019.

GREG ROSS
Mayor

ATTEST:

KATHRYN SIMS
City Clerk

ROLL CALL

Mayor Ross _____
Commissioner Curran _____
Commissioner Green _____
Commissioner Meltzer _____
Commissioner Pulcini _____



**CITY OF COOPER CITY
CITIZENS RESOURCE SHEET**

Please indicate the Board(s) for which you wish to be considered:

- | | | |
|---|---|---|
| <input type="checkbox"/> Business Advisory Board | <input type="checkbox"/> Planning & Zoning Board | <input type="checkbox"/> Recreation Advisory Board |
| <input type="checkbox"/> Education Advisory Board | <input type="checkbox"/> Public Safety Advisory Board | <input type="checkbox"/> Senior Advisory Board |
| <input type="checkbox"/> Green Advisory Board | | <input checked="" type="checkbox"/> Finance Review Advisory Board |

Please choose one:

- I wish to be considered by Commissioner Jeff Greene
- I wish to be considered by any member of the Commission

Date: February 22, 2019

Name: Michele Pemberton Email Address: mepembe01@hotmail.com

Home Address: 2865 S Belmont Lane Cooper City, FL 33026

Cell #: 954-261-9700 Work #: 754-300-9740 Home #: 954-435-3878

Length of Residence in Cooper City 19 Years 3 Months

Length of Time as Business Person in Cooper City 14 Years 3 Months

QUALIFICATIONS:

Please provide a brief statement outlining why you wish to serve on the applicable boards and/or committees selected. In addition, please attach copy of your resume or vita (optional): As a Certified Public Accountant, I have extensive experience in the field of finance and accounting. Currently, I own and manage Absolute Accounting, a CPA firm that services small to medium-sized businesses. In addition to my finance experience, I am a long-time resident of Cooper City and care about the management and operation of the city. I hope to be able to make a meaningful contribution to this board and improve the lives of Cooper City residents.

Experience in Board Subject:

Related Work or Civic Affiliation: CPA- Absolute Accounting and Business Solutions, Inc., Treasurer for Cooper City Church of God, Past Treasurer of Nevis Association of South Florida, Board

Member- Crown Colony Home Owners' Association

College (if appropriate): Florida International University and Florida Atlantic University

Field of Study: Masters in Finance and Masters in Accounting

Other professional or technical training (Name of school, course name, etc.): Certified Management Account with the Institute of Management Accountants. Certified Public Accountant- State of Florida

DISCLOSURES:

1. Are you or any of your relatives presently employed by the City of Cooper City? No If yes, please state names and City departments/divisions: _____

2. Are you aware of any potential conflict of interest that may arise from your serving on City of Cooper City boards and committees? No If yes, please explain: _____

3. Do you have any unpaid or delinquent accounts, water bills, etc. owed to the City of Cooper City? No If yes, please list: _____

4. If you own property in the City of Cooper City, do you have any pending code violations and/or unpaid code fines related to such property? No If yes, please list: _____

5. Is there any other information that you would like to disclose in connection with this application? No

If yes, please do so here: _____

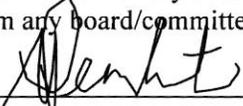
Please affirm and acknowledge that you understand and agree to the following (mark each box):

I understand that in accordance with Florida Sunshine Law, this information becomes public record and may be subject to public review.

If appointed, I agree to faithfully and fully perform the duties of my appointment, will make every endeavor to serve my full term, and will comply with all laws and ordinances of the City of Cooper City,

Broward County and the State of Florida, particularly those pertaining to the standards of conduct for public officers and related financial disclosure requirements, if applicable. I further agree to take the applicable statutory oath. I understand that if appointed, I must take the oath of office prescribed in the Florida Statutes.

Misrepresentation of any information or qualifications given on this application may cause automatic removal from any board/committee.

Signature:  Date: 02/24/2019



**CITY OF COOPER CITY
CITIZENS RESOURCE SHEET**

Please indicate the Board(s) for which you wish to be considered:

- Business Advisory Board *Finance Advisory Board*
 Education Advisory Board Planning & Zoning Board Recreation Advisory Board
 Green Advisory Board Public Safety Advisory Board Senior Advisory Board

Please choose one:

- I wish to be considered by Commissioner Max Pulcini (please write in name)
 I wish to be considered by any member of the Commission

Date: February 20, 2019

Name: Samuel Saad Email Address: samuel.j.saad@gmail.com

Home Address: 5140 SW 89th Terrace Cooper City, FL 33328

Cell #: 216-701-3389 Work #: _____ Home #: _____

Length of Residence in Cooper City 13 Years 0 Months

Length of Time as Business Person in Cooper City _____ Years _____ Months

QUALIFICATIONS:

Please provide a brief statement outlining why you wish to serve on the applicable boards and/or committees selected. In addition, please attach copy of your resume or vita (optional): _____

Finance Advisory Board. I have been involved in planning, management and construction of large public projects for multiple municipalities over the 20 years. Budgets ranging from \$50M to \$1.2B.

Experience in Board Subject:

Related Work or Civic Affiliation: _____

College (if appropriate): _____

Field of Study: _____

Other professional or technical training (Name of school, course name, etc.): _____

DISCLOSURES:

1. Are you or any of your relatives presently employed by the City of Cooper City? No If yes, please state names and City departments/divisions: _____

2. Are you aware of any potential conflict of interest that may arise from your serving on City of Cooper City boards and committees? No If yes, please explain: _____

3. Do you have any unpaid or delinquent accounts, water bills, etc. owed to the City of Cooper City? No If yes, please list: _____

4. If you own property in the City of Cooper City, do you have any pending code violations and/or unpaid code fines related to such property? No If yes, please list: _____

5. Is there any other information that you would like to disclose in connection with this application? No
If yes, please do so here: _____

Please affirm and acknowledge that you understand and agree to the following (mark each box):

- I understand that in accordance with Florida Sunshine Law, this information becomes public record and may be subject to public review.
- If appointed, I agree to faithfully and fully perform the duties of my appointment, will make every endeavor to serve my full term, and will comply with all laws and ordinances of the City of Cooper City, Broward County and the State of Florida, particularly those pertaining to the standards of conduct for public officers and related financial disclosure requirements, if applicable. I further agree to take the applicable statutory oath. I understand that if appointed, I must take the oath of office prescribed in the Florida Statutes.
- Misrepresentation of any information or qualifications given on this application may cause automatic removal from any board/committee.

Signature: *J. Saad* Date: 2-21-19