ANNUAL TRAINING CERTIFICATION FORM FOR ELECTED OFFICIALS

BROWARD CODE OF ETHICS FOR ELECTED OFFICIALS

NAME OF ELECTED OFFICIAL: Mark Brown

TITLE: Commissioner

GOVERNMENTAL ENTITY: Town of Lauderdale-By-The-Sea

CURRENT TERM BEGAN ON: 02/12/2012

CURRENT TERM EXPIRES ON: 03/15/2016

REPORTING PERIOD: CALENDAR YEAR 20 15

ALL NEW OFFICIALS CHECK AND COMPLETE IF APPLICABLE:

☐ I CERTIFY that I participated in four (4) hours or more of training in public service ethics, Sunshine law, and public records, within 120 days of taking office and during the reporting period, as follows:

Date(s) of training: _____ _____ _____

Entity providing training: _____

Amount of training provided: _____

ALL OFFICIALS CHECK AND COMPLETE ONE OF THE FOLLOWING THREE BOXES:

☑ I CERTIFY that I was in office during the entire calendar year being reported and participated in eight (8) hours or more of training in public service ethics during the reporting period, as follows:

Date(s) of training: 04/24/2015 04/28/2015 06/12/2015

Entity providing training: OIG, Florida League of Cities

Amount of training provided: 10

☐ I CERTIFY that I took office on or before September 30 of the calendar year being reported and participated in forty (40) minutes or more of training in public service ethics for each full calendar month I was in office during the reporting period, as follows:

Number of full calendar months in office in the calendar year being reported: _____

Date(s) of training: _____ _____ _____

Entity providing training: _____

Total amount of training provided (including any reported above): _____

☐ I CERTIFY that I took office on or after October 1 of the calendar year being reported.

CHECK AND COMPLETE IF APPLICABLE:

☐ *Check here if this form amends a previously filed form.* THIS FORM REPLACES ALL PREVIOUSLY FILED FORMS FOR CALENDAR YEAR 20 ____

SIGNATURE OF ELECTED OFFICIAL: Signature on Next page →

DATE OF SIGNATURE: _____ _____ , 20 15
Month Day Year

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Amount of training provided: _____

ALL OFFICIALS CHECK AND COMPLETE ONE OF THE FOLLOWING THREE BOXES:

☑ I CERTIFY that I was in office during the entire calendar year being reported and participated in eight (8) hours or more of training in public service ethics during the reporting period, as follows:

Date(s) of training: 08/13/2015 08/29/2015 _____

Entity providing training: Two Good Government Iniative, Florida League of Cities

Amount of training provided: 6

☐ I CERTIFY that I took office on or before September 30 of the calendar year being reported and participated in forty (40) minutes or more of training in public service ethics for each full calendar month I was in office during the reporting period, as follows:

Number of full calendar months in office in the calendar year being reported: _____

Date(s) of training: _____ _____ _____

Entity providing training: _____

Total amount of training provided (including any reported above): _____

☐ I CERTIFY that I took office on or after October 1 of the calendar year being reported.

CHECK AND COMPLETE IF APPLICABLE:

☐ *Check here if this form amends a previously filed form.* THIS FORM REPLACES ALL PREVIOUSLY FILED FORMS FOR CALENDAR YEAR 20 ____

SIGNATURE OF ELECTED OFFICIAL: Mark Brown

DATE OF SIGNATURE: 9 (Month) 11 (Day), 20 15 (Year)