

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD APPOINTMENT SUMMARY

Meeting Date: November 16, 2010

Department: Community Services

Advisory Board Name: Head Start/Early Head Start Policy Council

I. EXECUTIVE BRIEF

Staff recommends motion to approve: appointment of the following Parent Representatives to the Head Start/Early Head Start Policy Council for a term of three (3) years or less, as indicated on the attached Board Appointment Information Form, effective November 16, 2010.

PARENT REPRESENTATIVE AND ALTERNATE(S) BY CENTER

(R) = Representative

(A) = Alternate

Seat ID #	Boynton Beach	Seat ID #	Jupiter
10	Alicia R. Jean Francois (R) N/A (A)	11	Kenna Michele Moore (R) Kimberly Dokes-Warren (A)
Seat ID #	South Bay-HS	Seat ID #	Palm Glades
12	Jaquanda Miller (R) Aiyani R. Gibbons (A)	13	Crystal Trevino (R) Alnesha LeRonda Nelson (A) Natasha L. Beckles (A)
Seat ID #	Delray Beach HS	Seat ID #	Pahokee
14	Vania B. Penta (R) Malissa Lanet Johnson (A)	15	Ebony Jackson (R) Kenzee Osborne (A)
Seat ID #	Westgate	Seat ID #	Lake Worth
16	Joann Becerra (R) Donna W. Brown (A)	17	Sherline Rickman (R) Christella Movin (A) Stephanie R. Deal (A)
Seat ID #	Riviera Beach	Seat ID #	West Palm Beach
18	Barbara Ann Thomas (R) Tashina Renee Weathers (A)	19	Ivory Sherrod (R) Patricia Antonette Trought (A) Jacquelyn D. Palmer (A)
Seat ID #	Union Baptist	Seat ID #	Delray Beach EHS
20	Otalus Luckner (R) Latoia M. Jennings (A)	21	Magdalena Bazile (R) Casetra Frederick (A) Charlemagne Louis-Charles (A)
Seat ID #	Achievement Center	Seat ID #	Family Child Care Home
22	Guilene Beaubrun (R) Madelyn Victor (A)	23	Vacant (R)
Seat ID #	Home Base, EHS	Seat ID #	Florence Fuller CDC
24	Sakina Bivins (R) Marie Estherlande Severe (A)	25	Rose Jeanine Corso (R) Vacant (A)
Seat ID #	Apostolic CDC, Inc.	Seat ID #	A Step Above
26	Marie Lesly Plaisir (R) Jennifer L. Carter (A)	27	Melissa D. Brown (R) Vacant (A)
Seat ID #	Emmanuel	Seat ID #	King's Kids
28	Vacant (R) Vacant (A)	29	Romona Coleman (R) Vacant (A)
Seat ID #	My First Steps	Seat ID #	San Castle
30	Mary-France Augustin (R) Vacant (A)	31	J. Jarrodd Cadore (R) Alexandra R. Ritchie (A)
Seat ID #	YWCA	Seat ID #	TENDER LOVING CARE
32	Jaseth Minott (R) Rhonda L. Wynds (A)	33	Vacant (R)

Summary: (cont'd on Page 3)

Background and Justification: (cont'd on Page 3)

Attachments:

1. Head Start/Early Head Start Policy Council Resolution Number R-2006-1878
2. Board Appointment Information Forms with Acknowledgement Form
3. Head Start/Early Head Start Policy Council Current Board Meeting Listing

Recommended by:

Department Director

Date

Approved by:

Assistant County Attorney

Date

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

Summary: The term of appointment for parent representatives and alternates to the Head Start/Early Head Start (HS/EHS) Policy Council is no more than three (3) years, and requires that the parent representative/alternate be a parent of a child enrolled in the HS/EHS program. The Council is comprised of thirty-three (33) members, of which nine (9) must be representatives of the community. The remaining membership is comprised of parents whose children are actively enrolled in the HS/EHS program. The HS/EHS Policy Council has recommended these individuals for appointment. (Head Start) Countywide (TKF)

Background and Justification: The authority for the HS/EHS Policy Council is provided by Resolution Number R2006-1878. The Council responsibilities include establishing a method of hearing and resolving community complaints about the HS/EHS program, conducting self-evaluations, identifying child development needs, ensuring that space, equipment and supplies are acquired as needed. They may also be consulted on the directive given to HS/EHS staff in day-to-day operations. Including the above nominees, Community Representatives (not listed), and alternates, the council's racial makeup consists of 5 Black males, 30 Black females, 3 White females and 3 Hispanic females.

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA REPEALING AND REPLACING RESOLUTION NO. R2000-1866 REGARDING THE HEAD START/EARLY HEAD START POLICY COUNCIL

WHEREAS, the Board of County Commissioners of Palm Beach County adopted Resolution No. R-92-444 on March 24, 1992, which established the Head Start Policy Council; and

WHEREAS, the Head Start Policy Council Resolution No. R-92-444 was repealed and replaced with Resolution No. R2000-1866, dated November 21, 2000 to establish the Head Start/Early Head Start Policy Council to incorporate Early Head Start Program;

WHEREAS, the Head Start/Early Head Start Policy Council Resolution No. R2000-1866 needs to be repealed and replaced to accommodate the inclusion of the Head Start/Early Head Start Contracted Programs;

WHEREAS, the Federal Government requires all Head Start/Early Head Start grant recipients to establish a Head Start/Early Head Start Policy Council which is comprised of parents of Head Start/Early Head Start children presently enrolled in the program and representatives of the community; and

WHEREAS, parent and community involvement is essential to an effective Head Start/Early Head Start program,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, that:

1. Repeal and Replacement

Resolution No. R2000-1866 is hereby repealed and replaced with the following:

A. Requirements for Membership

1. There will be a total of 33 members of the Policy Council. At all times there shall be an odd number of membership positions on the Head Start/Early Head Start Policy Council. In the event of a change in the number of Head Start/Early Head Start centers or programs, that will result in a change in the number of parent members, the number of community representatives will be adjusted accordingly so that an odd number of members is retained to maintain at least a 51% parent membership.

B. **Conditions of Membership**

Residency Requirement

All members must be residents of Palm Beach County at the time of appointment and while serving on the Council.

C. **Prohibition of County Staff**

County employees may not be appointed to the Head Start/Early Head Start Policy Council.

D. **Terms of Appointment**

The term of membership shall be for three (3) years, however each year, Policy Council Members must be voted in by the Policy Council. Vacancies occurring during a term shall be filled for the unexpired term and in the manner described above. In no event may a member serve for more than three years pursuant to federal regulations.

E. **Automatic Removal for Lack of Attendance**

A member of the Head Start/Early Head Start Policy Council shall automatically be removed for lack of attendance. Lack of attendance is defined as failure to attend three (3) consecutive meetings and/or failure to attend more than one-half of the meetings scheduled during a calendar year. Participation for less than three-fourths of a meeting shall constitute lack of attendance. Excused absences due to illness, absence from the County, or personal hardship, if approved by vote of the Head Start/Early Head Start Policy Council, shall not constitute a lack of attendance.

Excused absences shall be entered into the minutes at the next regularly scheduled meeting of the Head Start/Early Head Start Policy Council.

Members removed under this paragraph shall not continue to serve until a new appointment is made and removal shall create a vacancy.

F. **Elected Office**

Members shall not be prohibited from qualifying as a candidate for elected office.

G. **Travel Reimbursement**

Travel reimbursement is limited to expenses incurred only for travel outside Palm Beach County necessary to fulfill Council member responsibilities when sufficient funds have been budgeted and are available and upon the prior approval of the Board of County Commissioners and is consistent with

Palm Beach County personnel rules and procedures. No other expenses are reimbursable except documented long distance telephone calls to the liaison County department.

H. **Ethics**

Members shall be governed by the applicable provisions of the Palm Beach County Ethics Resolution R-94-693 as may be amended.

I. **Duties of Head Start/Early Head Start Policy Council**

1. Appendix A, attached hereto, outlines the major management functions connected with the Head Start/Early Head Start program at the grantee level and the degree of responsibility assigned to each participating group as dictated by the federal regulations. Pursuant to Appendix A, the Head Start/Early Head Start Policy Council shall have a general responsibility for establishing a method of hearing and resolving community complaints about the Head Start/Early Head Start program. They shall have operating responsibility for conducting self-evaluations of the County's Head Start/Early Head Start program. They must be consulted on the identification of child development needs in the area to be served and on the standards for ensuring that space, equipment and supplies are acquired as needed. They may be consulted on the directive given to Head Start/Early Head Start staff in day to day operations. The Head Start/Early Head Start Policy Council must approve or disapprove of the following:

2. The goals of the Head Start/Early Head Start Program, as established by the Head Start/Early Head Start Director and the Board of County Commissioners, and the method of meeting said goals within the Department of Health & Human Services (HHS) guidelines;
3. The determination of the areas in the community in which Head Start/Early Head Start programs operate;
4. Plans to use all available community resources in Head Start/Early Head Start;
5. Criteria for selection of children within applicable laws and HHS guidelines;
6. The determination of what services should be provided to Head Start/Early Head Start from the program;

7. Head Start/Early Head Start personnel policies, including establishment of hiring and firing criteria for Head Start staff, career development plans and employee grievance procedures;
8. Hiring and firing Head Start Director in accordance with Palm Beach County Personnel Policies and Procedures;
9. Hiring and firing of Head Start/Early Head Start staff in accordance with Palm Beach County Personnel Policies and Procedures;
10. Requests for funds and proposed work program prior to submittal to HHS;
11. Major changes in budget and work programs while programs are in operation; and
12. Information submitted to HHS for pre-view in addition to those functions listed in Appendix A

J. The Head Start/Early Head Start Policy Council shall:

1. Serve as a link between public and private organizations and the community;
2. Have the opportunity to initiate suggestions and ideas for program improvements and to receive a report on actions taken by the County with regard to its recommendations;
3. Plan, coordinate and organize county-wide activities for parents with the assistance of staff;
4. Recruit volunteer services from parents, community residents and community organizations, and mobilize community resources to meet identified needs;
5. Distribute Parent Activity funds to policy committees, subject to Board of County Commissioners' approval.
6. Submit an annual report to the Board of County Commissioners
7. Provide advice and recommendations to the Board of County Commissioners on Head Start/Early Head Start Program and work cooperatively with the Board of County Commissioners and County staff in carrying out the program's objectives.

K. **Meetings of Head Start/Early Head Start Policy Council**

The Head Start/Early Head Start Policy Council shall meet not less than once per month. A quorum must be present for the conducting of all business. The presence

of at least one-third (1/3) of the members appointed shall constitute a quorum. All meetings shall be governed by Roberts' Rules of Order.

Reasonable public notice of all meetings shall be provided and all such meetings shall be open to the public at all times. Minutes of all meetings shall be taken and available for public inspection.

L. **Chair and Vice-Chair**

A Chair and Vice-Chair shall be elected by a majority of the Head Start/Early Head Start Policy Council and shall serve for a term of one year.

Duties of the Chair:

1. Call Head Start/Early Head Start Policy Council meetings and set the agenda for same;
2. Preside at Head Start/Early Head Start Policy Council meetings;
3. Establish committees, appoint committee chairs and charge committees with specific tasks;
4. Perform other functions as the Council may assign by rule or order
5. The Chair shall be a voting member of the Head Start/Early Head Start Policy Council.

M. **Duties of Vice-Chair**

The Vice-Chair shall perform the duties of the Chair in the Chair's absence and such other duties as the Chair may assign. If a vacancy occurs in the office of the Chair, the Vice-Chair shall become the chair for the unexpired term. If a vacancy occurs in the office of Vice-Chair, the Council will elect another member to fill the unexpired term of the Vice-Chair.

II. **Effective Date**

This resolution shall become effective upon approval by a majority vote of the Board of County Commissioners, Palm Beach County, Florida.

The foregoing Resolution was offered by Commissioner Aaronson and moved its adoption.

The motion was seconded by Commissioner Greene upon being put to a vote, the vote was as follows:

TONY MASILOTTI	-	Aye
ADDIE L. GREENE	-	Aye
KAREN T. MARCUS	-	Aye
JEFF KOONS	-	Aye
WARREN H. NEWELL	-	Aye
MARY McCARTY	-	Aye
BURT AARONSON	-	Aye

The Chairman thereupon declared the Resolution duly passed and adopted this 12th day of September, 2006.

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA BY
ITS BOARD OF COUNTY COMMISSIONERS

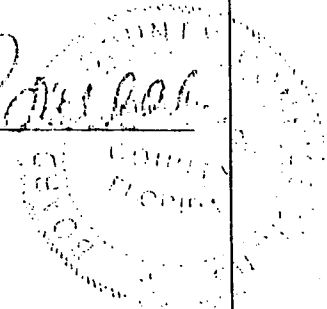
SHARON R. BOCK, CLERK &
COMPTROLLER

By: 

Assistant County Attorney

By: 

Deputy Clerk





**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
HEAD START/EARLY HEAD START POLICY COUNCIL**

I. AUTHORITY :

Resolution No. R-92-444, adopted 3/24/92, repealed and replaced by Resolution No. R2000-1866 on November 21, 2000; repealed and replaced by Resolution No. R2006-1878 on September 12, 2006.

II. APPOINTING BODY :

Board of County Commissioners

III. COMPOSITION, QUALIFICATIONS, TERMS & REMOVAL :

There will be a total of 33 members of the Policy Council. At all times there shall be an odd number of membership positions on the Head Start/Early Head Start Policy Council. In the event of a change in the number of Head Start/Early Head Start centers or programs, that will result in a change in the number of parent members, the number of community representatives will be adjusted accordingly so that an odd number of members is retained to maintain at least a 51% parent membership.

(A) Parent Members: At least 51% of the members of the Head Start/Early Head Start Policy Council must be parents of Head Start/Early Head Start children presently enrolled in the PBC Head Start program. ("Parent members"). One parent member and at least one alternate shall be elected by the parents of children currently enrolled in the Head Start/Early Head Start Program at each center operated by PBC and each service area of the Early Head Start program. Alternate members may only vote at meetings at which the elected member is absent. However, the number of parent members may vary depending upon the number of centers and programs in operation. All parents serving on the Head Start/Early Head Start Policy Council as members or as alternates must be approved by the BCC.

(B) Community Representatives: Nine (9) members of the Head Start/Early Head Start Policy Council shall be representatives of the Community. ("Community representatives"). Community representatives must represent major public or private agencies or major community, civic or professional organizations which have a concern for children of low income families or may be parents of former Head Start /Early Head Start children. It is preferred that at least one member of the Head Start/Early Head Start Policy Council have a fiscal or accounting background.

(C) All Community representatives shall be at-large appointments of the BCC and ratified by the elected parent members of the Head Start/Early Head Start Policy Council.

Conditions of Membership: Residency Requirement. All members must be residents of Palm Beach County at the time of appointment and while serving on the Council. County employees may not be appointed to the Head Start/Early Head Start Policy Council. Terms of Appointment: The term of membership shall be for three (3) years, however each year, Policy Council Members

EXTENDED COMPOSITION :

must be voted in by the Policy Council. Vacancies occurring during a term shall be filled for the unexpired term and in the manner described above. In no event may a member serve for more than three (3) years pursuant to federal regulations.

IV. MEETINGS :

Fourth Wednesday of the month at 6:00 p.m. at 3323 Belvedere Road, Building 509, West Palm Beach

V. FUNCTIONS :

The Council shall have general responsibility for establishing a method of hearing and resolving Community complaints about the Head Start program. They shall have operating responsibility for conducting self-evaluation of the County's Head Start/Early Head Start program. They must be consulted on the identification of child development needs in the area to be served and on the standards for ensuring that space, equipment and supplies are acquired as needed. They may be consulted on the directive given to Head Start/Early Head Start staff in day-to-day operations.

VI. LIAISON INFORMATION :

LIAISON DEPARTMENT

Community Services

CONTACT PERSON

Nicole Muhammad

ADDRESS

3323 Belvedere Rd Bldg 501
West Palm Beach FL 33406
Phone # 561-233-1634



HEAD START/EARLY HEAD START POLICY COUNCIL

SEAT ID	CURRENT MEMBER	ROLE TYPE	RACE CODE	GENDER	BUSINESS / HOME PHONE	SEAT REQUIREMENT	APPOINT DATE	RE-APPOINT DATE	EXPIRE DATE
Appointed By : AT Large									
1	Judith Dryer N/A 2770 Foxhall Dr W West Palm Beach FL 33417	Member	AA	F	—	Community Rep.	02/27/2007		03/27/2010
NOMINATED BY :									
2	Vacant FL	Member	UN	M	--	Community Rep.			
NOMINATED BY :									
3	James Leger Badiovision fm'sea 1860 Old Okeechobee Road S West Palm Beach FL 33409	Member	AA	M	561-719-4098	Community Rep.	02/27/2007		03/27/2010
NOMINATED BY :									
4	Vacant FL	Member	UN	M	--	Community Rep.			
NOMINATED BY :									

Appointed By : AT Large

5	Vacant	Member	UN	M	--	Community Rep.
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FL

NOMINATED BY :

6	Vacant	Member	UN	M	--	Community Rep.
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FL

NOMINATED BY :

7	Vacant	Member	UN	M	--	Community Rep.
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FL

NOMINATED BY :

8	Vacant	Member	UN	M	--	Community Rep.
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FL

NOMINATED BY :

Appointed By : AT Large

9	Vacant	Member	UN	M	--	Community Rep.
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FL

NOMINATED BY :

10	Elizabeth Morton 6073 Strawberry Field Way Lake Worth FL 33463	Member	AA	F	561-572-6128	Parent Representative Boynton Beach	11/03/2009	11/02/2012
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NOMINATED BY :

10	Tiffany Morton 420 NW 3rd Ave Boynton Beach FL 33435	Alternate M	AA	F	561-674-5387	Parent Representative Boynton Beach	11/03/2009	11/02/2012
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NOMINATED BY :

11	Gertha Fleurimont-Saint Louis 3630 Florida Blvd Belle Glade FL 33410	Member	AA	F	--	Parent Representative Jupiter	11/03/2009	11/02/2012
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NOMINATED BY :

Appointed By : AT Large

11	Vacant	Alternate M	UN	M	—	Parent Representative Jupiter
	FL					

NOMINATED BY :

12	Tangela Washington	Member	AA	F	561-692-8011	Parent Representative South Bay	11/03/2009	05/04/2012
	570 Ranchero Rd Apt 1 Belle Glade FL 33430							

NOMINATED BY :

12	Salicia Jackson	Alternate M	AA	F	—	Parent Representative South Bay	11/03/2009	09/26/2011
	423 N Coconut Rd Apt 4 Pahokee FL 33476							

NOMINATED BY :

13	Vacant	Member	UN	M	—	Parent Representative Palm Glades
	FL					

NOMINATED BY :

Appointed By : AT Large

13	Brandy Smith	Alternate M	AA	F	561-996-9076	Parent Representative Palm Glades	11/03/2009	11/02/2012
	416 Palm Glades Dr Belle Glade FL 33430							

NOMINATED BY :

14	Deborah Wilson	Member	AA	F	561-859-1100	Parent Representative Delray Beach	11/03/2009	11/02/2012
	217 SW 6th Ave Delray Beach FL 33444							

NOMINATED BY :

14	Darline Garcon	Alternate M	AA	F	561-305-6609	Parent Representative Delray Beach	11/03/2009	11/02/2012
	3030 Angler Dr Delray Beach FL 33445							

NOMINATED BY :

15	Debra Jones	Member	AA	F	561-924-9273	Parent Representative Pahokee	05/05/2009	11/03/2009	05/04/2012
	140 Banyan Ave Pahokee FL 33476								

NOMINATED BY :

Appointed By : AT Large

15	Kenzea Osborne	Alternate M	AA	F	--	Parent Representative Pahokee	11/03/2009	11/02/2012
	2535 SW 14th Ter Pahokee FL 33476							

NOMINATED BY :

16	Ellen Hollingworth	Member	AA	F	561-422-8038	Parent Representative Westgate	11/18/2008	11/03/2009	11/02/2010
	8205 Belvedere Rd Apt 202 West Palm Beach FL 33411								

NOMINATED BY :

16	Joann Becerra	Alternate M	HA	F	561-847-4462	Parent Representative Westgate	11/03/2009	11/02/2012
	213 Lainhart Ct West Palm Beach FL 33409							

NOMINATED BY :

17	Vacant	Member	UN	M	--	Parent Representative Lake Worth		
	FL							

NOMINATED BY :

Appointed By : AT Large

17	Melanie Ventura	Alternate M	CA	F	561-209-9005	Parent Representative Lake Worth	11/03/2009	11/02/2012
	519 S "M" St Lake Worth FL 33460							

NOMINATED BY :

18	Lemita Lubin	Member	AA	F	561-667-1664	Parent Representative Riviera Beach	11/03/2009	11/02/2012
	9106 Ducale Way Apt 201 Palm Beach Gardens FL 33418							

NOMINATED BY :

18	Barbara Thomas	Alternate M	AA	F	561-845-7957	Parent Representative Riviera Beach	11/03/2009	11/02/2012
	1641 W 34th St Riviera Beach FL 33404							

NOMINATED BY :

19	Ivory Sherrod	Member	AA	F	561-429-6915	Parent Representative W. Palm Beach	11/03/2009	11/02/2012
	4532 Emerald Vista Apt I285 Lake Worth FL 33461							

NOMINATED BY :

Appointed By : AT Large

19	Amy McDonald	Alternate M	AA	F	561-294-4447	Parent Representative W. Palm Beach	11/03/2009	11/02/2012
	1008 Abraham Ave West Palm Beach FL 33401							

NOMINATED BY :

20	Rosenie Daniels	Member	AA	F	561-909-8947	Parent Rep. Union Baptist Head Start	11/03/2009	11/02/2012
	423 Silver Beach Rd Lake Park FL 33403							

NOMINATED BY :

20	Bulaine Dominique	Alternate M	AA	F	561-844-5534	Parent Rep. Union Baptist Head Start	11/03/2009	11/02/2012
	520 Bayberry Dr Lake Park FL 33403							

NOMINATED BY :

21	Theoluna Talegrand	Member	AA	F	561-860-4377	Early Head Start/Delray Beach	11/18/2008	11/03/2009	09/26/2011
	8 Southern Cross Cir Apt 206 Boynton Beach FL 33436								

NOMINATED BY :

Appointed By : AT Large

21	Lydia Taylor	Alternate M	AA	F	561-503-8332	Early Head Start/Delray Beach	11/03/2009	11/02/2012
	332 S Swinton Ave Delray Beach FL 33444							

NOMINATED BY :

22	Vacant	Member	UN	M	--	Parent Rep/Tender Love & Care		
	FL							

NOMINATED BY :

23	Vacant	Member	UN	M	--	Family Day Care Operator		
	FL							

NOMINATED BY :

24	Sakina Bivins	Member	AA	F	561-541-2643	Early Head Start Home Based	11/03/2009	11/02/2012
	226 W 24th St Riviera Beach FL 33404							

NOMINATED BY :

Appointed By : AT Large

24	Diana Elias	Alternate M	AA	F	561-396-5420	Early Head Start Home Based	11/03/2009	11/02/2012
	1405 SW 2nd St Boynton Beach FL 33435							

NOMINATED BY :

25	Vacant	Member	UN	M	--	Parent Rep/Kidz Kaleidoscope		
	FL							

NOMINATED BY :

26	Vacant	Member	UN	M	--	Apostolic Child Development Center		
	FL							

NOMINATED BY :

27	Madacce Marques	Member	AA	F	561-506-6116	A Step Above	11/03/2009	11/02/2012
	2 Southern Cross Ln Apt 201 Boynton Beach FL 33436							

NOMINATED BY :

Appointed By : AT Large

27	Nanne Lucce	Alternate M	AA	F	561-452-2873	A Step Above	11/03/2009	11/02/2012
	1 Southern Cross Ln Apt 206 Boynton Beach FL 33436							

NOMINATED BY :

28	Mikeria Cromer	Member	AA	F	561-891-5227	Emmanuel Child Development Center	11/03/2009	11/02/2012
	5030 Palm Hill Dr West Palm Beach FL 33415							

NOMINATED BY :

28	Lakeysha Coleman	Alternate M	AA	F	561-201-3295	Emmanuel Child Development Center	11/03/2009	11/02/2012
	3954 Adler Dr Apt H2 West Palm Beach FL 33417							

NOMINATED BY :

29	Vacant	Member	UN	M	--	Kings Kids		
	FL							

NOMINATED BY :

Appointed By : AT Large

29	Michael Hill	Alternate M	AA	M	561-667-9570	Kings Kids	11/03/2009	11/02/2012
	17335 Lincoln Ln Jupiter FL 33458							

NOMINATED BY :

30	Lina Arango	Member	HA	F	561-722-3551	My First Steps	11/03/2009	11/02/2012
	4692 Sunset Ranch Rd West Palm Beach FL 33407							

NOMINATED BY :

30	Fioridalma Marroquin	Alternate M	HA	F	561-891-3707	My First Steps	11/03/2009	11/02/2012
	1567 Manor Ave West Palm Beach FL 33407							

NOMINATED BY :

31	Byron Brown, Jr.	Member	AA	M	561-294-0303	San Castle Early Head Start	11/03/2009	11/02/2012
	1093 Summit Trail Cir Apt B West Palm Beach FL 33415							

NOMINATED BY :

Appointed By : AT Large

31	Christine Augustin	Alternate M	AA	F	561-424-1949	San Castle Early Head Start	11/03/2009	11/02/2012
	1151 18th Ave Apt 3 Lake Worth FL 33461							

NOMINATED BY :

32	Vacant	Member	UN	M	—	Community Child Care Center		
	FL							

NOMINATED BY :

33	Vacant	Member	UN	M	—	Highland Elementary	/ /	
	FL							

NOMINATED BY :

210.012

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-02-12

Seat Requirement: Policy Council Alternate Riviera Beach Seat #: 18 - A

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Barbara Thomas Due ☐ resignation ☒ other change position
Completion of term to expire on: 11-02-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Weathers Tashina Rence
Last First Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 1555 MLK Blvd Apt K-107

City & State Riviera Beach Zip Code: 33404

Home Phone: (561) 644-4301 Business Phone: () Ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes ☒ No ☐
If Yes, state the court, nature of offense, disposition of case and date: 2008, Theft
with expiration 1 year probation

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input checked="" type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: Tashina Weathers Date: 9-15-2010

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Tashina Weathers
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): Policy Council Alternate
HS/HS

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Tashina Weathers Date: 8-15-2010

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Tashina Weathers
Print or Type

ADVISORY BOARD(S): HS/ENS Policy Council Alternate

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Tashina Weathers Date: 9-15-2010

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

Achievement

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-15-13

Seat Requirement: Alternate-Achievement center Seat #: 22-A

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due ☐ resignation ☐ other to: _____

Completion of term to expire on: _____

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Victor Madeira
Last First Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 2627 NE 4th Ct

City & State Brynton Beach Zip Code: 33435

Home Phone: 561 542 5221 Business Phone: () Ext. _____

Cell Phone: () Fax: ()

Email Address: MadeiraVictor@yahoo.com

Mailing Address preference: ☐ Business ☐ Residence

Have you ever been convicted of a felony: Yes ☒ No ☐

If Yes, state the court, nature of offense, disposition of case and date: 2000 Grand Theft
Auto - Probation 3 yrs

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Applicant's Signature: _____ Date: 9/22/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Victor, Madeliza
Print or Type

FIRM/COMPANY/ORGANIZATION: Head start / Achievement Center ^{PBC}

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9/22/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

Achievement

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Madelyn N. C.
Print or Type

ADVISORY BOARD(S): N/A

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 10/4/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11/16/2010 To: 11/16/2013

Seat Requirement: Kings Kids - Representative Seat #: 29 - R

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due to: ☐ Resignation ☐ other

Completion of term to expire on: _____

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Coleman Romona
Last First Middle

Occupation/Affiliation: House Keeping

Business Name: H-Hill Place

Business Address: 295 N. Olive Ave.

City & State: W.P.B. FL Zip Code: 33401

Residence Address: 4755 Hampton Court Bldg. 8. #203

City & State: West Palm Beach Zip Code: 33407

Home Phone: () _____ Business Phone: () _____ Ext. _____

Cell Phone: () 574-4157 Fax: () _____

Email Address: _____

Mailing Address preference: ☒ Business ☒ Residence

Have you ever been convicted of a felony: Yes ☒ No ☒

If Yes, state the court, nature of offense, disposition of case and date:

2000, Illicit drug use, drug rehabilitation (clean 10 yrs)

Minority Identification Code:

☐ IF (Native-American Female) ☐ IM (Native-American Indian Male)
☐ AE (Asian-American Female) ☐ AM (Asian-American Male)
☒ BF (African-American Female) ☒ BM (African-American Male)
☐ HF (Hispanic-American Female) ☐ HM (Hispanic-American Male)
☐ WF (Caucasian Female) ☐ WM (Caucasian Male)

Applicant's Signature: Romona Coleman Date: 9/28/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgement of Receipt

NAME: Romona Coleman
Print or Type

FIRM/COMPANY/ORGANIZATION: Headstart / King's Kids LLC

ADVISORY BOARD(S): HS/FHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Romona Coleman Date: 9/28/10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Romon a Coleman
Print or Type

ADVISORY BOARD(S): HS/EMS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Romon a Coleman Date: 9/27/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Revised 1/2010



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgment of Receipt

NAME: Alicia Jean Francois
Print or Type

FIRM/COMPANY/ORGANIZATION: HS/EHS Palm Beach

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9/2/10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Alicia Jean Francois
Print or Type

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] **Date:** 9/21/10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: ~~2~~ 2 Years.

From:

11-16-2010

To:

11-02-2012

Seat Requirement:

Jupiter - Rep

Seat #:

11-R

☐ *Reappointment

or

☒ New Appointment

or ☒ to complete the term of

Completion of term to expire on:

Gertha Fleurbaey
Saint Louis

Due

to:

☒ resignation

☐ other

11-02-12

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name:

Moore
Last

Kenna
First

Michele
Middle

Occupation/Affiliation:

Head Start Parent

Business Name:

Business Address:

City & State

Zip Code:

Residence Address:

6346 Lauderdale Street

City & State

Jupiter, FL

Zip Code:

33458

Home Phone:

(561) 799-19251

Business Phone:

()

Ext.

Cell Phone:

(561) 371-3475

Fax:

(561) 746-0321

Email Address:

LdyFsh74@AOL.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes ☐ No ☒

If Yes, state the court, nature of offense, disposition of case and date:

Minority Identification Code:

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☐ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☒ WF (Caucasian Female)

☐ WM (Caucasian Male)

Applicant's Signature:

Kenna M. Moore

Date:

9/20/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on:

Commissioner's Signature:

Date:



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Kenna M. Moore
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC Head Start

ADVISORY BOARD(S): Head Start/CHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9/20/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Kenna M. Moore
Print or Type

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature:  Date: 9/20/10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

Sample

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: 1 Years. From: 2010¹¹⁻¹⁶⁻ To: 2013¹¹⁻¹⁵⁻

Seat Requirement: Jupiter Alternate Seat #: 11-A

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due ☐ resignation ☐ other to: _____

Completion of term to expire on: _____

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

* Name: DOLAN-Warren Kimberly
Last First Middle

Occupation/Affiliation: Palm Beach County Head Start

Business Name: Jupiter Head Start

Business Address: 16415 West Indian town Rd

City & State: Jupiter Florida Zip Code: 33458

Residence Address: 17348 Lincoln Lane

City & State: Jupiter FL Zip Code: 33458

Home Phone: (561) 575-3142 Business Phone: () Ext.

Cell Phone: (561) 401-7862 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Applicant's Signature: Kimberly Dolan-Warren Date: 10/01/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: ☒ Kimberly Dokes-Warren
Print or Type

FIRM/COMPANY/ORGANIZATION: _____

ADVISORY BOARD(S): _____

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Kimberly Dokes-Warren Date: 10/1/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11/16/2010 To: 05-4-2012
~~11/15/2012~~

Seat Requirement: South Bay - Representative Seat #: 12 - R

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Tangela Washington Due ☒ resignation ☐ other
Completion of term to expire on: 5-4-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Miller Taquanda
Last First Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 1105 SW 12th St Belle Glade FL 33430

City & State _____ Zip Code: _____

Home Phone: (561) 996-2270 Business Phone: () Ext. _____

Cell Phone: (561) 697-1660 Fax: ()

Email Address: jnymiller@yahoo.com

Mailing Address preference: ☐ Business ☐ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input checked="" type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: Taquanda Miller Date: 9/21/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgement of Receipt

NAME: Bquanda Miller
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/HS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Bquanda Miller Date: 9/21/10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME:

Joquanda Miller
Print or Type

ADVISORY BOARD(S):

HS/EMS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature:

Joquanda Miller Date: 9/21/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: HS/EMS Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11/16/2010 To: 9-26-11
~~11/15/2011~~

Seat Requirement: South Bay - Alternate Seat #: 12 - A

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Saliecia Jackson Due ☒ resignation ☐ other

Completion of term to expire on: 9-26-2011

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Gibbons Aiyani R.
Last First Middle

Occupation/Affiliation: Family Support Worker

Business Name: Families First

Business Address: 141-143 SE MLK Jr Blvd

City & State: Belle Glade FL Zip Code: 33430

Residence Address: 900 NE 20th Street

City & State: Belle Glade FL Zip Code: 33430

Home Phone: (561) 996 0730 Business Phone: () Ext.

Cell Phone: (261) 261 2563 Fax: ()

Email Address: missaiyani@aol.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female) ☐ IM (Native-American Indian Male)
☐ AF (Asian-American Female) ☐ AM (Asian-American Male)
☒ BF (African-American Female) ☐ BM (African-American Male)
☐ HF (Hispanic-American Female) ☐ HM (Hispanic-American Male)
☐ WF (Caucasian Female) ☐ WM (Caucasian Male)

Applicant's Signature: Aiyani Gibbons Date: 9-21-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgement of Receipt

NAME: _____

Print or Type

FIRM/COMPANY/ORGANIZATION: _____

ADVISORY BOARD(S): _____

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: _____

Date: _____

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Ariyani Gibbons
Print or Type

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Ariyani Gibbons Date: 9-21-10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11/16/2010 To: 11/15/2013

Seat Requirement: Palm Glades - Representative Seat #: 13 - R

☐ *Reappointment or ☐ New Appointment

or ☐ to complete the term of _____ Due ☐ Resignation ☐ other

Completion of term to expire on: _____ to: _____ n

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: TREVINO, Crystal
Last First Middle

Occupation/Affiliation: Unemployed

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 1118 NE 20th St.

City & State Belle Glade FL. Zip Code: 33430

Home Phone: () _____ Business Phone: () _____ Ext. _____

Cell Phone: 888-251-8888 Fax: () _____

Email Address: CrystalTrevino1118@yahoo.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input checked="" type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: Crystal Trevino Date: 9/28/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgement of Receipt

NAME: Crystal Trevino
Print or Type

FIRM/COMPANY/ORGANIZATION: N/A

ADVISORY BOARD(S): HS/EMS Policy council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Crystal Trevino Date: 7/28/10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Cristal Trevino
Print or Type

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Cristal Trevino Date: 9/28/10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☐ At Large Appointment or ☐ District Appointment

Term of Appointment: 3 Years. From: 11/16/2010 To: 11/02/2012

Seat Requirement: Palm Glades - Alternate Seat #: 13 - A

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Brandy Smith Due to: ☒ Resignation ☐ other
Completion of term to expire on: 11-02-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Nelson Alnasha LeRonda
Last First Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State: Belle Glade, Fla. Zip Code: 33430

Residence Address: 208 N.W. Ave H

City & State: Belle Glade, Fla. Zip Code: 33430

Home Phone: 561-983-1313 Business Phone: () Ext. ()

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input checked="" type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: Alnasha Nelson Date: 9/17/2010

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ _____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgement of Receipt

NAME:

Alnasha Nelson

Print or Type

FIRM/COMPANY/ORGANIZATION:

N/A

ADVISORY BOARD(S):

HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature:

Alnasha Nelson

Date:

9/17/10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Alnesha Nelson
Print or Type

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above mentioned board(s) that I am bound by it.

Signature: Alnesha Nelson Date: 9/17/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☐ At Large Appointment or ☐ District Appointment

Term of Appointment: 3 Years. From: 11/16/2010 To: 11/15/2013

Seat Requirement: Palm Glades - Alternate Seat #: 13 - A

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due ☐ Resignatio ☐ other
to: _____ n

Completion of term to
expire on: _____

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

_____ Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Beckles, Natasha L
Last First Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 701 Palm Glade Drive

City & State Belle Glade Zip Code: 33430

Home Phone: (813) 996-8724 Business Phone: () Ext. _____

Cell Phone: (813) 261-4388 Fax: ()

Email Address: becklesn@gmail.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: Natasha Beckles Date: 9-27-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

_____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgement of Receipt

NAME: Natasha Beckles
Print or Type

FIRM/COMPANY/ORGANIZATION: N/A

ADVISORY BOARD(S): HS / EHS PC

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Natasha Beckles Date: 9-27-10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Natasha Beckles
Print or Type

ADVISORY BOARD(S): HS/ETHS PC

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Natasha Beckles Date: 9-27-10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-2010 To: 11-02-2012

Seat Requirement: Representative - Delray HS Seat #: 14 R

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Due ☒ resignation ☐ other

Completion of term to expire on: Deborah Wilson to: 11-02-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Penta Vania B
Last First Middle

Occupation/Affiliation: Server

Business Name: The Fountains Country Club

Business Address: _____

City & State: Lake Worth Zip Code: 33460

Residence Address: 4930 nw 5th street

City & State: Delray Bch Zip Code: 33445

Home Phone: (561) 499-4968 Business Phone: () Ext. _____

Cell Phone: (561) 860-5875 Fax: ()

Email Address: Vania.penta@gmail.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female) ☒ Biracial Female
☐ AF (Asian-American Female) ☐ IM (Native-American Indian Male)
☐ BF (African-American Female) ☐ AM (Asian-American Male)
☐ HF (Hispanic-American Female) ☐ BM (African-American Male)
☐ WF (Caucasian Female) ☐ HM (Hispanic-American Male)
☐ WM (Caucasian Male)

Applicant's Signature: Vania B Penta Date: 9/17/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Vania B Penta
Print or Type

FIRM/COMPANY/ORGANIZATION: Head Start

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Vania B Penta Date: 9/17/2010

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at:
<http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Vania B Penta
Print or Type

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Vania B Penta Date: 9/17/2010

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

Delray Bch.

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-2010 To: 11-02-2012

Seat Requirement: Alternate - Delray HS Seat #: 14-A

☐ *Reappointment

or

☒ New Appointment

or ☒ to complete the term of

Due

☒ resignation ☐ other

Completion of term to expire on:

Darline Garcon to:

11-02-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: JOHNSON Malissa LANET
Last First Middle

Occupation/Affiliation: Patient Access Representative

Business Name: Boca Community Hospital

Business Address: 800 MEADOWS Rd.

City & State: Boca Raton FL Zip Code: 33444

Residence Address: 715 SW 2nd Ct

City & State: Delray Beach FL Zip Code: 33444

Home Phone: (561) 865-5894 Business Phone: () Ext. _____

Cell Phone: (661) 503-5657 Fax: ()

Email Address: JOHNSONMALISSA@YAHOO.COM

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☒ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☐ WM (Caucasian Male)

Applicant's Signature: Malissa Lanet Date: 9/14/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: MALISSA W. JOHNSON
Print or Type

FIRM/COMPANY/ORGANIZATION: Head Start

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Malissa W. Johnson Date: 9/14/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Malissa W. Johnson
Print or Type

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Malissa W. Johnson Date: 9/15/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11/16/2010 To: 5-4-2012
~~11/15/2012~~

Seat Requirement: Pahokee - Representative Seat #: 15 - R

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of _____ Due ☒ Resignation ☐ other

Completion of term to expire on: 5-4-2012
Debra Jones

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Jackson Ebony _____
Last First Middle

Occupation/Affiliation: N/A

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 817 McClure Rd.

City & State Pahokee, FL Zip Code: 33476

Home Phone: () _____ Business Phone: () _____ Ext. _____

Cell Phone: (561) 508-8604 Fax: () _____

Email Address: Ebony Taketha @ Yahoo . Com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒
If Yes, state the court, nature of offense, disposition of case and date: N/A

Minority Identification Code:

☐ IF (Native-American Female) ☐ IM (Native-American Indian Male)
☐ AF (Asian-American Female) ☐ AM (Asian-American Male)
☒ BF (African-American Female) ☐ BM (African-American Male)
☐ HF (Hispanic-American Female) ☐ HM (Hispanic-American Male)
☐ WF (Caucasian Female) ☐ WM (Caucasian Male)

Applicant's Signature: Ebony Jackson Date: 9/21/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

✓ **OR**

_____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgement of Receipt

NAME: Ebony Jackson
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC Head Start

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Ebony Jackson Date: 9/21/10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Ebony Jackson
Print/or Type

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9/21/10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

Pahokee

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: 1 Years. From: 11-16-10 To: 11-02-2012

Seat Requirement: Pahokee Center ~~ALP~~ ALP Seat #: 15-A

☒ Reappointment or ☐ New Appointment

or ☐ to complete the term of X Due ☐ resignation ☐ other to:

Completion of term to expire on: 11-02-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Osborne Last Kenna First L Middle

Occupation/Affiliation: Staff

Business Name: Lake side Medical

Business Address: 900 Hooker Hwy

City & State: Boca Raton, FL Zip Code: 33480

Residence Address: 2538 SW 14TH Terrace

City & State: Pahokee, FL Zip Code: 33476

Home Phone: (561) 449-4988 Business Phone: () Ext.

Cell Phone: (561) 449-4988 Fax: ()

Email Address: LAKINATHA36@hotmail.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes ☐ No ☒

If Yes, state the court, nature of offense, disposition of case and date:

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Applicant's Signature: [Signature] Date: 9-22-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on:

Commissioner's Signature: Date:



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ _____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgment of Receipt

NAME: Kendra Osborne
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9-22-10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Kendra Osbourne
Print or Type

ADVISORY BOARD(S): HS/EMS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9-22-10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

WESTGATE

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ [X] At Large Appointment or ☐ [] District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-05-12

Seat Requirement: Policy Council Representative ^{Westgate} Seat #: 16-R

☒ [X] *Reappointment or ☐ [] New Appointment

or ☒ [] to complete the term of Edlen Hollingworth Due ☒ [] resignation ☐ [] other

Completion of term to expire on: 11-02-2010

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Becerra Joann
Last First Middle

Occupation/Affiliation: Lab Tech / Sales

Business Name: Eyeeglass world

Business Address: 3180 Northlake Blvd

City & State: PBG, FL Zip Code: 33418

Residence Address: 213 Lainhart Ct

City & State: WPPB FL Zip Code: 33409

Home Phone: 561 644-4867 Business Phone: 561 844-8586 Ext. _____

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: ☐ [] Business ☒ [X] Residence

Have you ever been convicted of a felony: Yes _____ No ☒ [X]

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

- | | |
|---|---|
| <input type="checkbox"/> [] IF (Native-American Female) | <input type="checkbox"/> [] IM (Native-American Indian Male) |
| <input type="checkbox"/> [] AF (Asian-American Female) | <input type="checkbox"/> [] AM (Asian-American Male) |
| <input type="checkbox"/> [] BF (African-American Female) | <input type="checkbox"/> [] BM (African-American Male) |
| <input checked="" type="checkbox"/> [X] HF (Hispanic-American Female) | <input type="checkbox"/> [] HM (Hispanic-American Male) |
| <input type="checkbox"/> [] WF (Caucasian Female) | <input type="checkbox"/> [] WM (Caucasian Male) |

Applicant's Signature: [Signature] Date: 9/03/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____

WESTGATE



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

☒ OR
At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Joann Becerra
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9/03/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at:
<http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME:

Joann Becerra

Print or Type

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature:

[Signature]

Date:

9/21/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

WEST GATE

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-02-12

Seat Requirement: Alternate Westgate Seat #: 16-A

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Joann Becerra Due ☐ resignation ☒ other change position to Rep.
Completion of term to expire on: 11-02-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Brown Last Donna First W Middle

Occupation/Affiliation: Interoffice Communication ACG

Business Name: _____

Business Address: 3691 Oswego Ave

City & State: W.P.B. FL Zip Code: _____

Residence Address: 11035 Quail Lake Dr. Apt A-311

City & State: W.P.B. FL Zip Code: 33409

Home Phone: 60951-1339 Business Phone: () Ext. ()

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address preference: ☒ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female) ☐ IM (Native-American Indian Male)
☐ AF (Asian-American Female) ☐ AM (Asian-American Male)
☒ BF (African-American Female) ☐ BM (African-American Male)
☐ HF (Hispanic-American Female) ☐ HM (Hispanic-American Male)
☐ WF (Caucasian Female) ☐ WM (Caucasian Male)

Applicant's Signature: Brown Date: 9/3/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Donna Brown
Print or Type

FIRM/COMPANY/ORGANIZATION: ABC HS

ADVISORY BOARD(S): HS/EMS Policy Council /
Policy Council Committee

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: B. Hill Date: 9/3/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Donna Brown
Print or Type

ADVISORY BOARD(S): HS/EMS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Brown Date: 9/22/10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

LW

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form **MUST** BE COMPLETED IN FULL: Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: _____ Years.

From:

11-16-10
9-15-10

To:

11-15-13

Seat Requirement:

Policy Council Representative

Seat #:

17-R

☐ *Reappointment

or

☒ New Appointment

or ☐ to complete the term of

Due

☐ resignation

☐ other

Completion of term to expire on:

Malaysia de la Cruz

11-22-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name:

RICKMAN

SHERLINE

Last

First

Middle

Occupation/Affiliation:

Business Name:

Business Address:

City & State

LAKE WORTH, FL

Zip Code:

33460

Residence Address:

1735 Lake Worth Rd Apt 202

City & State

lake worth

Zip Code:

33460

Home Phone:

(561) 584-8606

Business Phone:

()

Ext.

Cell Phone:

(561) 702-5040

Fax:

()

Email Address:

SHERLINE2411@AOL.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☒ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☐ WM (Caucasian Male)

Applicant's Signature:

Sherline Rickman

Date:

9-16-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____

Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ _____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: SHERLINE RICKMAN
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Sherline Rickman Date: 9-16-10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: SHERLINE RICKMAN
Print or Type

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Sherline Rickman

Date: 9-16-10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

h w

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form **MUST** BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: _____ Years.

From:

9-16-10

To:

11-02-12
9-15-11

Seat Requirement:

Policy Council Lake Worth Alternate

Seat #:

17-A

☐ *Reappointment

or

☒ New Appointment

or ☒ to complete the term of

Due

☒ resignation

☐ other

Completion of term to expire on:

Melanie Ventura to:

11-02-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name:

Movin

Christella

Last

First

Middle

Occupation/Affiliation:

Business Name:

Business Address:

City & State

Lake Worth, FL

Zip Code:

33460

Residence Address:

1436 Lake Worth Rd Apt 101

City & State

Zip Code:

Home Phone:

(561) 533-3640

Business Phone:

()

Ext.

Cell Phone:

(561) 398-8778

Fax:

()

Email Address:

MovinChristella@yahoo.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☒ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☐ WM (Caucasian Male)

Applicant's Signature:

Christella Movin

Date:

9-16-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____

Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

_____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Christella Movin
Print or Type

FIRM/COMPANY/ORGANIZATION: _____

ADVISORY BOARD(S): _____

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Christella Movin Date: 9-16-10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Christella MOVIN
Print or Type

ADVISORY BOARD(S): _____

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Christella MOVIN Date: 9-16-10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-18-10 To: 11-15-13

Seat Requirement: Lake worth - Alternate Seat #: 17-A

☐ *Reappointment or ☐ New Appointment

or ☐ to complete the term of _____ Due ☐ resignation ☐ other to: _____

Completion of term to expire on: _____

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Dea Last Seapharil First R. Middle

Occupation/Affiliation: Unemployed

Business Name: _____

Business Address: _____

City & State: _____ Zip Code: _____

Residence Address: 4305 Coventry Point way

City & State: Lake worth, FL Zip Code: 33461

Home Phone: () Business Phone: () Ext. _____

Cell Phone: 601 935-7562 Fax: ()

Email Address: Sdear10512@yahoo.com

Mailing Address preference: ☐ Business ☐ Residence

Have you ever been convicted of a felony: Yes _____ No X

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input checked="" type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: Seapharil Dea Date: 10/5/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Stephanie Deal
Print or Type

FIRM/COMPANY/ORGANIZATION: _____

ADVISORY BOARD(S): _____

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 10/5/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt.

NAME: _____

Print or Type

ADVISORY BOARD(S): _____

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: _____

Date: _____

10/5/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-02-12

Seat Requirement: Policy Council Rep ^{Riviera Beach} Seat #: 18 - R

☒ Reappointment or ☐ New Appointment

or ☒ to complete the term of Lemita Lubin Due ☒ resignation ☐ other

Completion of term to expire on: 11-02-2012

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: THOMAS BARBARA ANN
Last First Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 1641 W 34th Street R

City & State Riviera Bch, FL Zip Code: 33404

Home Phone: (561) 845-7957 Business Phone: (561) 671-3632 Ext.

Cell Phone: (561) 685-8380 Fax: ()

Email Address: Ktann68@yahoo.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Applicant's Signature: [Signature] Date: 9-17-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: BARBARA A. THOMAS
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): Pottery Council Rep.

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9/17/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11/16/2010 To: 11-02-12
~~11-15-2013~~

Seat Requirement: West Palm Beach - Representative Seat #: 19 - R

☒ *Reappointment or ☐ New Appointment

or ☐ to complete the term of _____ Due ☐ Resignation ☐ other
Completion of term to expire on: _____ to: _____ n

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Sherrod Last Ivory First J Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 4775 Australian Ave Apt 204 18-204

City & State W.P.B FL Zip Code: 33407

Home Phone: () _____ Business Phone: () _____ Ext. _____

Cell Phone: (561) 856-3683 Fax: () _____

Email Address: chefsherrod@yahoo.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No X

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input checked="" type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: [Signature] Date: 9-15-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable to access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgement of Receipt

NAME: Tyrell Sherrod
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS HS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9-15-10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Acknowledgment of Receipt

NAME: Ivory Sherrod
Print or Type

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Ivory Sherrod Date: 9-15-10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☐ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11/16/2010 To: 11-02-12
11/15/2012

Seat Requirement: West Palm Beach - Alternate Seat #: 19 - A

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Amy McDonald Due to: ☒ Resignation ☐ other
Completion of term to expire on: 11-02-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: TROUGHT PATRICIA ANTONETTE
Last First Middle

Occupation/Affiliation: HOME HEALTH AIDE

Business Name: COMPANIONS PLUS

Business Address: _____

City & State: CORAL SPRINGS FL Zip Code: _____

Residence Address: 1500 N. CONGRESS AVE APT. A322

City & State: W.P. BEACH FLORIDA Zip Code: 33401

Home Phone: (561) 623-7622 Business Phone: (561) 255-6787 Ext.

Cell Phone: (561) 729-2716 Fax: ()

Email Address: ptrought@yahoo.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ✓

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input checked="" type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: Trought Date: 9/22/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

_____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgment of Receipt

NAME: Patricia Antonette Trought
Print or Type

FIRM/COMPANY/ORGANIZATION: N/A

ADVISORY BOARD(S): Head Start/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Trought Date: 10-8-10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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<http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Patricia Trought
Print or Type

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Trought Date: 9/22/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

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<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

_____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

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Acknowledgment of Receipt

NAME: Jacquelyn Palmer
Print or Type

FIRM/COMPANY/ORGANIZATION: N/A

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 10-8-10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Jacqueline Palmer
Print or Type

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 10-8-10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

Union

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-02-12

Seat Requirement: Union Rep Seat #: 20

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of _____ Due ☒ resignation ☐ other

Completion of term to expire on: Roseniè Daniels to: 11-02-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Otalus Luckner
Last First Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 423 Silver Beach Rd

City & State Lake Park Zip Code: 33403

Home Phone: () _____ Business Phone: () _____ Ext. _____

Cell Phone: (561) 909-8220 Fax: () _____

Email Address: _____

Mailing Address preference: ☐ Business ☐ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female) ☐ IM (Native-American Indian Male)
☐ AF (Asian-American Female) ☐ AM (Asian-American Male)
☐ BF (African-American Female) ☒ BM (African-American Male)
☐ HF (Hispanic-American Female) ☐ HM (Hispanic-American Male)
☐ WF (Caucasian Female) ☐ WM (Caucasian Male)

Applicant's Signature: Luckner Otalus Date: 9-22-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

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<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

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If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Luckner Otalus
Print or Type

FIRM/COMPANY/ORGANIZATION: N/A

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Luckner Otalus Date: 9-22-10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

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Acknowledgment of Receipt

NAME: Luckner Otalus
Print or Type

ADVISORY BOARD(S): HS/EMS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Luckner Otalus Date: 9-22-10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

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Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-02-2012

Seat Requirement: Union Alt Seat #: 20-A

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Bulaine Domingue Due ☒ resignation ☐ other

Completion of term to expire on: 11-02-12

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Jennings Last Latoia First M Middle

Occupation/Affiliation: + Student

Business Name: _____

Business Address: _____

City & State r Zip Code: _____

Residence Address: 1598 W. 19th St

City & State Riviera Bch FL Zip Code: 33404

Home Phone: () Business Phone: () Ext. _____

Cell Phone: (904) 236 7746 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business ☐ Residence

Have you ever been convicted of a felony: Yes _____ No _____

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female) ☐ IM (Native-American Indian Male)
☐ AF (Asian-American Female) ☐ AM (Asian-American Male)
☒ BF (African-American Female) ☒ BM (African-American Male)
☐ HF (Hispanic-American Female) ☐ HM (Hispanic-American Male)
☐ WF (Caucasian Female) ☐ WM (Caucasian Male)

Applicant's Signature: _____ Date: 9-22-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ _____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Latoria Jennings
Print or Type

FIRM/COMPANY/ORGANIZATION: N/A

ADVISORY BOARD(S): HS/EMS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: _____ Date: 9-22-10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME:

Latoya Jennings
Print or Type

ADVISORY BOARD(S):

HS/ETHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature:

[Signature]

Date:

9-22-10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

_____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Magdalena Bazile
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Magdalena Bazile Date: 9/14/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Magdalena BAZIK
Print or Type

ADVISORY BOARD(S): X HS/EHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: X Magdalena Date: X 9/15/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment

or

☐ District Appointment

Alternate

Term of Appointment: _____ Years.

From: 11-16-10 To: 11-02-12

Seat Requirement: Delray EHS - Alternate Seat #: 21-A

☐ *Reappointment

or

☒ New Appointment

or ☒ to complete the term of

Due

☒ resignation ☐ other

Completion of term to expire on:

Lydia Taylor

to:

11-02-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Frederick Casatra
Last First Middle

Occupation/Affiliation: Unemployed

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 921 SW 10th Ave

City & State Delray Beach, FL Zip Code: 33444

Home Phone: () Business Phone: () Ext. ()

Cell Phone: (561) 809-5654 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☒ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☐ WM (Caucasian Male)

Applicant's Signature: Frederick Casatra Date: 9-21-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Caserta Frederick
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/EMS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Caserta Frederick Date: 9-21-10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Caserta Frederick
Print or Type

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Caserta Frederick Date: 9-21-10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

BOLNEY EHS

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-15-13

Seat Requirement: Alternate - EHS Delray Seat #: 21 - A

☒ Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due ☐ resignation ☐ other to: _____

Completion of term to expire on: _____

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

_____ Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Louis-Charles Charlemagne
Last First Middle

Occupation/Affiliation: Financial Consultant

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 2925 SW 22nd Ave #204

City & State Delray Beach, FL Zip Code: 33445

Home Phone: () _____ Business Phone: () _____ Ext. _____

Cell Phone: (561) 201 3902 Fax: () _____

Email Address: _____

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒
If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input type="checkbox"/> BF (African-American Female)	<input checked="" type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: [Signature] Date: 9/1/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: _____

Print off Type

FIRM/COMPANY/ORGANIZATION: _____

ADVISORY BOARD(S): _____

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: _____

Date: _____

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Charlemagne Louis Charles
Print or Type

ADVISORY BOARD(S): PC

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: X  Date: X 9.15.10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

Achievement Center

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-15-13

Seat Requirement: Policy Council Representative ^{Achievement Center} Seat #: 22-R

☐ *Reappointment

or

☒ New Appointment

or ☐ to complete the term of _____

Due ☐ resignation ☐ other to: _____

Completion of term to expire on: _____

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

_____ Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Beaubrun Guilene
Last First Middle

Occupation/Affiliation: Patient Care

Business Name: D.I.M.E Nursing Agency

Business Address: 1708 Corporate Dr

City & State: Boynton Beach FL Zip Code: 33426

Residence Address: 617 S.W. 7th Avenue

City & State: Delray Beach FL Zip Code: 33444

Home Phone: () Business Phone: () Ext. _____

Cell Phone: (561) 729-1968 Fax: () _____

Email Address: _____

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☒ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☐ WM (Caucasian Male)

Applicant's Signature: Guilene Beaubrun Date: 9-21-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: GUILENE BEAU BRUN
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC Head start Achievement Center

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Guilene Beau Brun Date: 9/21/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

Achievement

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Guilene Beaubrun
Print or Type

ADVISORY BOARD(S): PC

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Guilene Beaubrun Date: 10/07/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-02-2012
~~11-15-2012~~

Seat Requirement: Policy Council Member ^{EHS Homebased} Seat #: 24-R

☒ Reappointment or ☐ New Appointment

or ☐ to complete the term of _____ Due ☐ resignation ☐ other to: _____

Completion of term to expire on: _____

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Bivins Sakina
Last First Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 226 W 24th Street

City & State Riviera Beach Zip Code: 33404

Home Phone: (561) 882 0154 Business Phone: () Ext. _____

Cell Phone: (561) 541 2643 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female) ☐ IM (Native-American Indian Male)
☐ AF (Asian-American Female) ☐ AM (Asian-American Male)
☒ BF (African-American Female) ☐ BM (African-American Male)
☐ HF (Hispanic-American Female) ☐ HM (Hispanic-American Male)
☐ WF (Caucasian Female) ☐ WM (Caucasian Male)

Applicant's Signature: [Signature] Date: 9/16/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: _____

Sakina Bivins

Print or Type

FIRM/COMPANY/ORGANIZATION: _____

N/A

ADVISORY BOARD(S): _____

Head Start Policy Council Member

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: _____

Date: _____

9/16/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Sakina Bivins
Print or Type

ADVISORY BOARD(S): Head Start Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9/16/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-02-12 ~~11-15-2012~~

Seat Requirement: PEHS Homebase Policy Council Alternate Seat #: 24-A

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of _____ Due ☒ resignation ☐ other

Completion of term to expire on: Diana Elias
11-02-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Severe Last Marie First Estherlande Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State Bounton Beach, FL Zip Code: 33436

Residence Address: 3650 E. Sandpiper Dr # 7,

City & State Bounton Beach, FL Zip Code: 33436

Home Phone: () _____ Business Phone: () _____ Ext. _____

Cell Phone: (561) 543-3971 Fax: () _____

Email Address: focused2008@yahoo.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input checked="" type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: Marie E Severe Date: 09/22/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Marie Severe
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Marie Severe Date: 9/22/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Marie Severe
Print or Type

ADVISORY BOARD(S): HS/CHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Marie Severe Date: 9/22/10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

Florence Fuller.

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-15-13

Seat Requirement: Florence Fuller Rep. Seat #: 25-R

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due ☐ resignation ☐ other to: _____
Completion of term to expire on: _____

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: CORSO ROSE JEANINE
Last First Middle

Occupation/Affiliation: SALES REP / MOTHER

Business Name: KUDDLES & KISSES

Business Address: 11954 ISLAND LANE

City & State: Boca Raton FL Zip Code: 33432

Residence Address: 10429 Greenbark Ct, Boca Raton

City & State: Boca Raton FL Zip Code: 33498

Home Phone: (-) - Business Phone: () Ext. _____

Cell Phone: 661 706 0513 Fax: ()

Email Address: Solemio0987@yahoo.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female) ☐ IM (Native-American Indian Male)
☐ AF (Asian-American Female) ☐ AM (Asian-American Male)
☐ BF (African-American Female) ☐ BM (African-American Male)
☐ HF (Hispanic-American Female) ☐ HM (Hispanic-American Male)
☒ WF (Caucasian Female) ☐ WM (Caucasian Male)

Applicant's Signature: [Signature] Date: 9-22-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

_____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgment of Receipt

NAME: ROSE J CORSO
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/EMS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9-22-10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: ROSE J CORSO
Print or Type

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: RJ CORSO **Date:** 9-22-10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

Apostolic

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-15-13

Seat Requirement: Representative Apostolic Seat #: 26-R

☐ *Reappointment or ☐ New Appointment

or ☐ to complete the term of _____ Due ☐ resignation ☐ other to:

Completion of term to expire on: _____

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Platon Marie lesly
Last First Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 5100 15th Apt 5A

City & State west Palm Beach FL Zip Code: 33407

Home Phone: () _____ Business Phone: () _____ Ext. _____

Cell Phone: (786) 975-9930 Fax: () _____

Email Address: _____

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input checked="" type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: Marie Platon Date: _____

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Marie Plaisir
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/ETH Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Marie Plaisir Date: 9/13/2010

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

Noted

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-15-13

Seat Requirement: Alternate Repre^(TLW) Apostrophe Seat #: 26-A

☐ *Reappointment or ☐ New Appointment

or ☐ to complete the term of _____ Due ☐ resignation ☐ other to: _____

Completion of term to expire on: _____

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

_____ Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Carter, Jennifer L
Last First Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 817 7th Street

City & State West Palm Beach, Florida Zip Code: 33401-3831

Home Phone: (561) 804-6958 Business Phone: () Ext. _____

Cell Phone: (561) 718-7460 Fax: ()

Email Address: LATASHIA@YAHOO.COM

Mailing Address preference: ☐ Business ☐ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

- | | |
|--|---|
| <input type="checkbox"/> IF (Native-American Female) | <input type="checkbox"/> IM (Native-American Indian Male) |
| <input type="checkbox"/> AF (Asian-American Female) | <input type="checkbox"/> AM (Asian-American Male) |
| <input checked="" type="checkbox"/> BF (African-American Female) | <input type="checkbox"/> BM (African-American Male) |
| <input type="checkbox"/> HF (Hispanic-American Female) | <input type="checkbox"/> HM (Hispanic-American Male) |
| <input type="checkbox"/> WF (Caucasian Female) | <input type="checkbox"/> WM (Caucasian Male) |

Applicant's Signature: Latashia Carter Date: Aug 27, 2010

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ _____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Jennifer L Carter
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: J LaTashia Carter Date: Aug 27, 2010

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-02-12

Seat Requirement: A Step Above, ~~EX~~ Rep. Seat #: 27-R

☐ *Reappointment or ☐ New Appointment

or ☒ to complete the term of _____ Due ☒ resignation ☐ other

Completion of term to expire on: Madalce Marques to: 11-02-2012

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Brown Melissa D.
Last First Middle

Occupation/Affiliation: n/a

Business Name: n/a

Business Address: n/a

City & State _____ Zip Code: _____

Residence Address: 1628 NE 2ND CT

City & State Florida Bayton Bch Zip Code: 33435

Home Phone: 866-739-8549 Business Phone: 866-739-8579 Ext. _____

Cell Phone: 561-809-3902 Fax: ()

Email Address: truflaras1628@yahoo.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input checked="" type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: M Brown Date: 9-23-10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ _____ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Melissa Brown
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Melissa Brown Date: 9-22-10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Melissa Brown
Print or Type

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Melissa Brown Date: 9-22-10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-01-12

Seat Requirement: My First Steps - ~~Wingate~~ CTR (Rep) Seat #: 30-R

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of Lina Arango Due ☒ resignation ☐ other
Completion of term to expire on: 11-02-2012 to:

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

_____ Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: AUGUSTIN Last MARIE-FRANCE First AUGUSTE Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 1019 LAKE TERRACE drive Apt # A

City & State West Palm Beach Zip Code: 33411

Home Phone: (561) 683-2806 Business Phone: () Ext. _____

Cell Phone: (561) 502-5740 Fax: () _____

Email Address: Carroline222@hotmail.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input checked="" type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

Applicant's Signature: [Signature] Date: 9/22/2010

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: MARIE-FRANCE AUGUSTIN
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9/22/2010

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

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<http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: MARIE-FRANCE AUGUSTIN
Print or Type

ADVISORY BOARD(S): HS/ETHS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9/22/2010

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment or ☐ District Appointment

Term of Appointment: _____ Years. From: 8/2010 To: July 2012

Seat Requirement: Alternate Policy Council Seat #: 31-R

☐ *Reappointment or ☒ New Appointment

or ☒ to complete the term of _____ Due ☒ resignation ☐ other
Completion of term to expire on: Byron Brown Jr.
11-02-12

*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts during the previous term _____

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Cadore J Jarrod
Last First Middle

Occupation/Affiliation: Maintenance

Business Name: ABST Enterprises Inc.

Business Address: 3000 High Ridge Rd. St. 12

City & State: Boynton Bch FL Zip Code: 33426

Residence Address: 2400 N. Seacrest Blvd

City & State: Boynton Bch, FL Zip Code: 33435

Home Phone: (561) 324-6369 Business Phone: (561) 445-2748 Ext.

Cell Phone: (561) 432-7693 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒
If Yes, state the court, nature of offense, disposition of case and date: N/A

Minority Identification Code:

☐ IF (Native-American Female) ☐ IM (Native-American Indian Male)
☐ AF (Asian-American Female) ☐ AM (Asian-American Male)
☐ BF (African-American Female) ☒ BM (African-American Male)
☐ HF (Hispanic-American Female) ☐ HM (Hispanic-American Male)
☐ WF (Caucasian Female) ☐ WM (Caucasian Male)

Applicant's Signature: [Signature] Date: 9/16/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: J. Cadore
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/EMS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: J. Cadore Date: 9/16/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

SAN CASTLE

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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<http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: J CADORE
Print or Type.

ADVISORY BOARD(S): HS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: J. Ch Date: 9/22

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-02-12

Seat Requirement: San Castle Rep AIT Seat #: 31-17

☐ *Reappointment

or

☐ New Appointment

or ☒ to complete the term of

Completion of term to expire on:

Christine Augustin
11-02-12

Due

☒

resignation

☐

other

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Ritchie Alexandre Raven
Last First Middle

Occupation/Affiliation: _____

Business Name: _____

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 320 Tulip Tree Drive

City & State Lantana FL Zip Code: 33462

Home Phone: () Business Phone: () Ext. _____

Cell Phone: (561) 215-6268 Fax: ()

Email Address: _____

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No ☒

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☐ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☒ WF (Caucasian Female)

☐ WM (Caucasian Male)

Applicant's Signature: Alexandre Ritchie Date: 09/29/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance.

If you are unable access the training and/or Ordinance on the web, please contact Patty Hindle at (561) 355-3229 for other arrangements.

Acknowledgment of Receipt

NAME: Alexandra Ritchie
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Alexandra Ritchie Date: 09/20/10

Please sign and return this FORM to Patty Hindle, County Administration, P.O. Box 1989, West Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: <http://www.pbcgov.com/ethics/advisory.htm>

<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

✓ At this time, I nor my employer have contract(s) with the Board of County Commissioners

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If you are unable access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgment of Receipt

NAME: JASETH MINOTT
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/EHS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9/22/10

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: JASETH MINOTT
Print or Type

ADVISORY BOARD(S): HS/HS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: J Minott **Date:** 9/22/10

Please sign and return to Administration in self-addressed envelope provided.
Revised 3/15/10

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
ADVISORY BOARD NOMINEE INFORMATION FORM**

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Part I (to be filled out by Department): (Please Print)

Board Name: Head Start/Early Head Start Policy Council

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: _____ Years. From: 11-16-10 To: 11-15-13

Seat Requirement: YWCA/Alternate Seat #: 32-A

☐ *Reappointment

or

☒ New Appointment

or ☐ to complete the
term of _____

Due ☐ resignation ☐ other
to: _____

Completion of term to
expire on: _____

***When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

_____ Number of previously disclosed voting conflicts during the previous term

Part II (to be filled out and signed by Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Wynds Rhonda L.
Last First Middle

Occupation/Affiliation: Substitute Teacher/Director Care Provider

Business Name: PBCSD / Arc

Business Address: W.P.B. / Riviera Bch.

City & State: _____ Zip Code: _____

Residence Address: 134 Bilbao Street

City & State: Royal Palm Beach Zip Code: 33411

Home Phone: (561) 795-9835 Business Phone: () Ext. _____

Cell Phone: (561) 603-3005 Fax: (561) 795-6360

Email Address: ralews@aol.com

Mailing Address preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes _____ No X

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code:

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☒ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☐ WM (Caucasian Male)

Applicant's Signature: [Signature] Date: 9/22/10

Part III (to be filled out by Commissioner):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

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<u>Type of Contract</u>	<u>Which Department/Division</u>	<u>Effective Date</u>	<u>Term</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Yes, submit a waiver to the Board of County Commissioners, since I or my employer have/has the above named contract(s);

OR

☒ At this time, I nor my employer have contract(s) with the Board of County Commissioners

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If you are unable access the training and/or Ordinance on the web, please contact {Insert Liaison Name Here} at {Insert Telephone Number Here} for other arrangements.

Acknowledgment of Receipt

NAME: Rhonda Wynds
Print or Type

FIRM/COMPANY/ORGANIZATION: PBC HS

ADVISORY BOARD(S): HS/HS Policy Council

I acknowledge that I have taken the required training; and read and understand the Palm Beach County Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9/22/2010

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-addressed envelope has been provided for your convenience.

TO: ADVISORY BOARD MEMBERS

**FROM: ROBERT WEISMAN
COUNTY ADMINISTRATOR**

**RE: STATE GUIDE TO THE SUNSHINE AMENDMENT &
CODE OF ETHICS**

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<http://www.pbcgov.com/ethics/advisory.htm>

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: (Insert Liaison Name) (Insert Liaison Address). If you cannot access this document on the web, please contact (Insert Liaison Name) at (Insert Liaison Telephone #) for other arrangements.

Acknowledgment of Receipt

NAME: Rhonda Wynds
Print or Type

ADVISORY BOARD(S): HS/EMS Policy Council

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: [Signature] Date: 9/22/10

Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10