Crystal Trevino (R)

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 Alicia R. Jean Francois (R) Kenna Michele Moore (R) N/A (A) Kimberly Dokes-Warren (A) <u>Seat ID #</u> South Bay-HS Seat ID # Palm Glades Jaquanda Miller (R)

Aiyani R. Gibbons (A) Alnesha LeRonda Nelson (A) Natasha L. Beckles (A)

Seat ID # Delray Beach HS Seat ID # <u>Pahokee</u> Vania B. Penta (R) Ebony Jackson (R)

Malissa Lanet Johnson (A) Kenzea Osborne (A) Seat ID # <u>Seat ID #</u> 17 <u>Westgate</u> Lake Worth Joann Becerra (R) Sherline Rickman (R)

Donna W. Brown (A) Christella Movin (A) Stephanie R. Deal (A) Riviera Beach Seat ID # West Palm Beach Seat ID # Barbara Ann Thomas (R) Ivory Sherrod (R)

Tashina Renee Weathers (A) Patricia Antonette Trought (A) Jacquelyn D. Palmer (A) **Union Baptist** Seat ID # **Delray Beach EHS**

Seat ID # Otalus Luckner (R) Magdalina Bazile (R) Latoia M. Jennings (A) Casetra Frederick (A) Charlemagne Louis-Charles (A)

Seat ID# Achievement Center **Family Child Care Home** Seat ID # Guilene Beaubrun (R) Vacant (R) Madelyn Victor (A) Seat ID # Home Base, EHS Seat ID# Florence Fuller CDC 24 Sakina Bivins (R) Rose Jeanine Corso (R)

Marie Estherlande Severe (A) Vacant (A) Apostolic CDC, Inc. Seat ID # A Step Above Seat ID # Marie Lesly Plaisir (R) Melissa D. Brown (R) Vacant (A) Jennifer L. Carter (A)

Seat ID # <u>Emmanuel</u> Seat ID # King's Kids Vacant (R) Romona Coleman (R) Vacant (A) Vacant (A) Seat ID # My First Steps Seat ID# San Castle

Mary-France Augustin (R) J. Jarrodd Cadore (R) Vacant (A) Alexandra R. Ritchie (A) Seat ID # **YWCA** TENDER LOVING CARE <u>Seat ID #</u>

Jaseth Minott (R) Vacant (R) Rhonda L. Wynds (A)

Summary: (cont'd on Page 3)

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

Attachments:

Head Start/Early Head Start Policy Council Resolution Number R-2006-1878

Board Appointment Information Forms with Acknowledgement Form

Head Start/Early Head Start Policy Council Current Board Meeting Listing

Recommended by: Department Director Assistant County Attorney

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

Pesolution No. R2000-1866 is hereby repealed and replaced with the following:

A. <u>Requirements for Membership</u>

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. <u>Conditions of Membership</u>

Residency Requirement

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

C. <u>Prohibition of County Staff</u>

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

D. <u>Terms of Appointment</u>

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. <u>Elected Office</u>

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

G. <u>Travel Reimburse</u>ment

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.

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. <u>Chair and Vice-Chair</u>

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. <u>Duties of Vice-Chair</u>

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 Aaronsonand 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	<u> </u>	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

Deputy Clerl

Ву: 🖳

Assistant County Attorney



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 membeship.

- (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 ead 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 ensuing 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

CONTACT PERSON

ADDRESS

Community Services

Nicole Muhammad

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



HEAD START/EARLY HEAD START POLICY COUNCIL

PLORIDA		DOL E	D. 6-						
SEAT ID	CURRENT MEMBER	ROLE TYPE	RACE CODE	GENDER	BUSINESS / HOME PHONE	SEAT REQUIREMENT	APPOINT DATE	RE-APPOINT DATE	EXPIRE DATE
Appointed By	y : AT Large							, , , , , , , , , , , , , , , , , , , ,	
	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	Member	UN	М	-	Community Rep.			
	FL								
	NOMINATED BY:								
,	James Leger Badiovision fm'sea 1860 Old Okeechobee Road S West Palm Beach FL 33409	Member	AA	М	561-719-4098	Community Rep.	02/27/2007		03/27/2010
	NOMINATED BY:								
4	Vacant	Member	UN	М	_	Community Rep.			
	FL								
	NOMINATED BY:								

Appo	ointed E	By: AT Larg	ge					
	5	Vacant		Member	UN	M		Community Rep.
		FL						
			NOMINATED BY:					
								•
	6	Vacant		Member	UN	M		Community Rep.
		FL						
						-		
			NOMINATED BY:					
	_							
	7	Vacant _.		Member	UN	М		Community Rep.
		FL						
		FL .						
			NOMINATED BY:					
			NOMINATED BY .					
	8	Vacant		Member	UN	M		Community Day
	Ū	radant		MELLINE	ŅΝ	М		Community Rep.
		FL						
			NOMINATED BY					

Appointed I	By : AT Large							
9	Vacant	Member	UN	M		Community Rep.		
	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
	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
	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
	NOMINATED BY :							

Appointed E	By : AT Large							
11	Vacant	Alternate M	UN	М		Parent Representative Jupiter		
	FL							
	NOMINATED BY:							
12	Tangela Washington 570 Ranchero Rd Apt 1	Member	AA	F	561-692-8011	Parent Representative South Bay	11/03/2009	05/04/2012
	Belle Glade FL 33430 NOMINATED BY:							
12	Salicia Jackson 423 N Coconut Rd Apt 4 Pahokee FL 33476	Alternate M	AA	F	_	Parent Representative South Bay	11/03/2009	09/26/2011
	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	11/03/2009	11/02/2012
	217 SW 6th Ave Delray Beach FL 33444					Beach		
	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					Beach		
	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 :							

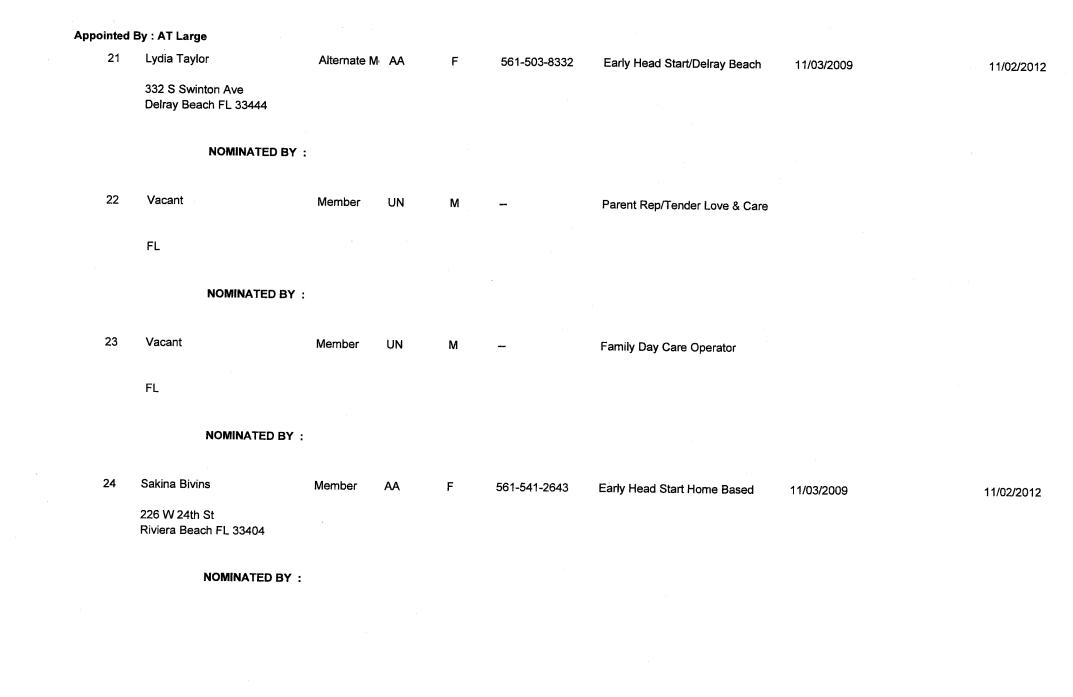
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	15	Kenzea Osborne	Alternate M	AA	F		Parent Representative Pahokee	11/03/2009		11/02/2012
		2535 SW 14th Ter Pahokee FL 33476								
		NOMINATED BY :								
	16	Ellen Hollingworth	Member	AA	F	561-422-8038	Parent Representative	11/18/2008	11/03/2009	11/02/2010
		8205 Belvedere Rd Apt 202 West Palm Beach FL 33411					Westgate			
		NOMINATED BY:								
1	6	Joann Becerra	Alternate M	НА	F	561-847-4462	Parent Representative	11/03/2009		11/02/2012
		213 Lainhart Ct West Palm Beach FL 33409					Westgate			
		NOMINATED BY:								
1	7	Vacant	Member	UN	M	_	Parent Representative Lake Worth			
		FL								

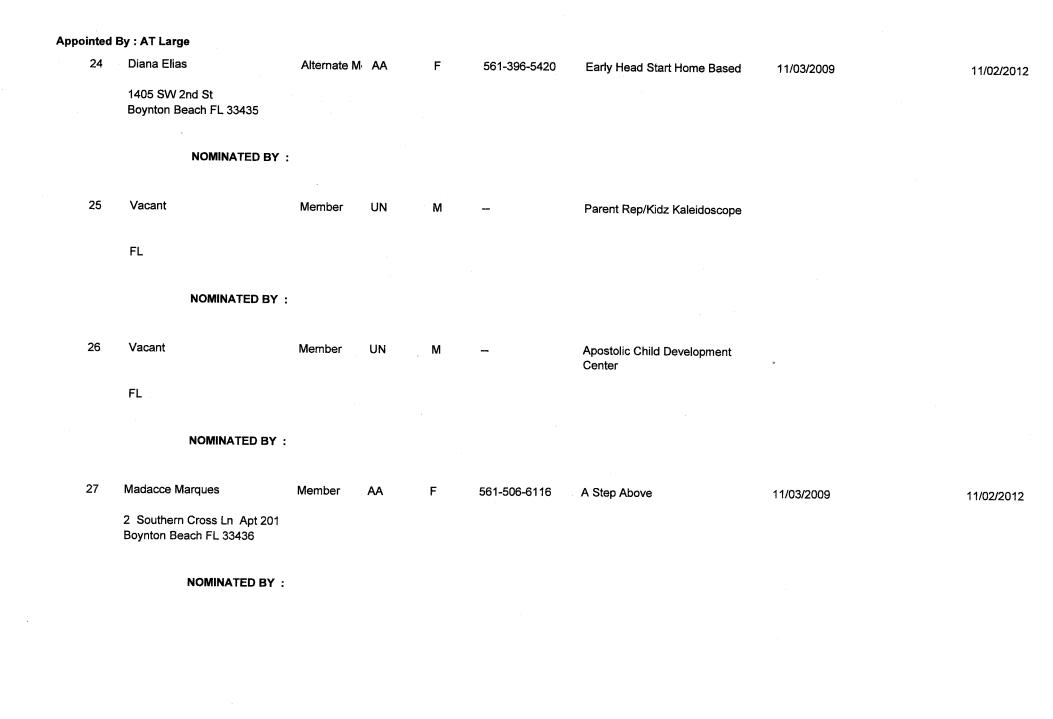
NOMINATED BY:

Appointed By : AT Large

Appointed E	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					vvortn		
	NOMINATED BY :							
18	Lemita Lubin	Member	AA	F	561-667-1664	Parent Representative Riviera	11/03/2009	11/02/2012
	9106 Ducale Way Apt 201 Palm Beach Gardens FL 33418					Beach		
	NOMINATED BY:							
18	Barbara Thomas	Alternate M	AA ·	F	561-845-7957	Parent Representative Riviera	11/03/2009	11/02/2012
	1641 W 34th St Riviera Beach FL 33404					Beach		
	NOMINATED BY:							
19	Ivory Sherrod	Member	AA	F	561-429-6915	Parent Representative W. Palm	11/03/2009	11/02/2012
	4532 Emerald Vista Apt I285 Lake Worth FL 33461					Beach		
	NOMINATED BY:							

Appointed E	Зу : 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	11/03/2009		11/02/2012
	423 Silver Beach Rd Lake Park FL 33403					Start			
	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					Clare			
	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							
	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 :							
		Nomina CD D1 .							
	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					Center		
		NOMINATED BY:							
	29	Vacant	Member	UN	М	-	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				.*			
	Suprier FE 33436							
	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	НА	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 :							
						•		

App	ointea B	y: Al Larg	e						
	31	Christine A	ugustin	Alternate M	AA	F	561-424-1949	San Castle Early Head Start	11/03/2009
		1151 18th Lake Worth							
			NOMINATED BY:						
	32	Vacant		Member	UN	M	-	Community Child Care Center	
		FL							
			NOMINATED BY:						
	33	Vacant		Member	UN	M		Highland Elementary	11
		FL							
			NOMINATED BY:						

11/02/2012

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

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: 11-02-12
Seat Requirement: Policy Council Pitternote Seat #: 18 - A
[]*Reappointment or [] New Appointment
or [Y to complete the term of Barbara thomas to: Completion of term to expire on: Due [] resignation [V other change Position Thomas 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: 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 Diviera Brack Zip Code: 33404 Home Phone: (54) 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
Minority Identification Code: [] IF (Native-American Female)
Applicant's Signature: <u>Oshure Weathers</u> Date: <u>9-15-2010</u>
Part III (to be filled out by Commissioner):
Appointment to be made at BCC Meeting on:
Commissioner's Signature: Date:

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public.

Revised 1/2010



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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
			Ĺ
Yes, submit a wa above named co	niver to the Board of County Commission (s); OR	oners, since I or my emplo	yer have/has the
At this time. I nor	my employer have contract(s) with the	Board of County Commis	sioners
110 1110, 1 1101	my employer have contract(s) with the	Board of County Commis	sioners
As a (current or potenti	al) advisory board member you a	are required to receive	training on the
PBC Code of Ethics an	d acknowledge that you have re	ad and understand th	e PBC Code of
Ethics Ordinance.		•	
If you are unable access at (561) 355-3229 for oth	the training and/or Ordinance of er arrangements.	n the web, please conta	act Patty Hindle
	·		
	Acknowledgment of Receipt		
NAME: Tashing	2 Weathers		
	nt or Type		
	0.00	1.0	
FIRM/COMPANY/ORC	GANIZATION: Y/SC F		·
ADVISORY BOARD(S)	: Policy Council At	ternate	
I acknowledge that I have	taken the required training; and rea	d and understand the Pa	lm Beach County
Code of Ethics Ordinance	, the provisions of which are effect	ive May 1, 2010. I und	
advisory board member of	f the above-mentioned board(s) that	I am bound by it.	
Signature: Jashera	Date:	8-15-2010	
Please sign and return	this FORM to Patty Hindle, Coun	ty Administration, P.O.	Box 1989, West

Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

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

HS/EHS

ADVISORY BOARD(S): Policy Council Atternate

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: Justina Weathern Date: 9-15-2010

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

Revised 3/15/10

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

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 Coun	cil
[X] At Large Appointment or [] District Appointment
Term of Appointment: Years. From:	1-16-10 To: 11-15-13
Term of Appointment: Years. From:	nent centi Seat #: 22-A
[]*Reappointment or [New Appointment
or [] to complete the term of Completion of term to expire on:	Due [] resignation [] other to:
*When a person is being considered for re-appointment, conflicts shall be considered by the Board of County Con Number of previously disclosed voting conflicts du	nmissioners. ring the previous term
Part II (to be filled out and signed by Applicant): (Please APPLICANT, UNLESS EXEMPTED, MUS	e Print) T BE A COUNTY RESIDENT
Name: VICTOV Mad	First Middle
Occupation/Affiliation:	
Business Name:	
Business Address:	
City & State	Zip Code:
Residence Address: 21027 NE 4th	C+
Cell Phone: () Fax:	Ext. () (ah bo, Con
Have you ever been convicted of a felony: Yes	No nd date: 2000 Gradd The ft
[] AF (Asian-American Female) [] AM (Asian- BF (African-American Female) [] BM (African-American Female)	American Indian Male) American Male) n-American Male) ic-American Male) sian Male) Date: 9/22/10
Appointment to be made at BCC Meeting on:	
Commissioner's Signature:	Date:



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN COUNTY ADMINISTRATOR

RE:

PALM BEACH COUNTY CODE OF ETHICS

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Type of Contract	Which Department/Division	Effective Date	Term
<u> </u>			
Yes, submit a waive above named contr	er to the Board of County Commission act(s);	ners, since I or my employ	yer have/has the
	OR		
At this time, I nor m	y employer have contract(s) with the l	Board of County Commis	sioners
As a (current or potential)	advisory board member you a	<u>re required to receive</u>	training on the
PBC Code of Ethics and	acknowledge that you have rea	d and understand th	e PBC Code of
Ethics Ordinance.			
If you are make a second			
at (561) 355 3320 for other	ne training and/or Ordinance on	the web, please conta	ict Patty Hindle
at (561) 355-3229 for other	arrangements.		
f	eknowledgment of Receipt		
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NAME: VICTOY	Madelino		
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and the state of t	11 . 1 . 4	r o C	21/2/
FIRM/COMPANY/ORGA	nization: <u>Head STA</u>	t Henrovem	CHT COATER
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ADVISORY BOARD(S): _	HS/EHS POLL	Cy Counci	
I palmovylodop that I have to		/	
Code of Ethica Ordinaria di	ken the required training; and read	and understand the Pal	m Beach County
advisory board member of the	he provisions of which are effective	e May 1, 2010. I unde	erstand that as an
advisory board member of th	ne above-mentioned board(s) that I	am bound by it.	
Signature: \ \	D.	9/22/10	
Digitaturo.	Date: _	1040	
Please sign and return thi	s 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.

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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: Madely Nets	
Print of Type	
ADVISORY BOARD(S): N/19	

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.

Date: 1014/10 Signature: _

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 [X] At Large Appointment or [] District Appointment Term of Appointment: Years. From: 11/16/2010 To: 11/1**6**/201**3** Seat Requirement: Kings Kids - Representative Seat #: 29 – R []*Reappointment New Appointment [] to complete the Due Resignatio other term of 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: Middle Occupation/Affiliation: **Business Name:** Business Address: City & State Zip Code: Residence Address: City & State Zip Code: Home Phone: **Business Phone:** Cell Phone: Email Address: Mailing Address preference: [V] Business Have you ever been convicted of a felony: Yes If Yes, state the court, nature of offense, disposition of case and date: drug use, drug rehabilitation (clear 10 ys **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: Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature: Date:



ADVISORY BOARD MEMBERS

FROM:

Signature:

ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE:

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Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
			·
Yes have	, submit a waiver to the Board of County Coe/has the above named contract(s);	Commissioners, since I or m	y employer
At this tin	OR me, I nor my employer have contract(s) with	n the Board of County Con	nmissioners
As a (current or potent	tial) advisory board member you are a cknowledge that you have read and	required to receive train	ning on the PBC
Ordinance.	eknowieuge that you have read and	understand the PBC	Code of Etnics
If you are unable to acc Name Here} at {Insert	cess the training and/or Ordinance on Telephone Number Here} for other	the web, please contact arrangements.	t {Insert Liaison
	Acknowledgement of Receipt		
NAME: KOMONO	rint or Type		
P	rint or Type	į.	
FIRM/COMPANY/O	RGANIZATION: Mead Stout	/ King's Kid	s ELC
ADVISORY BOARD(RGANIZATION: Head Start S): HS/FHS Policy Co	uncil	
I acknowledge that I have	we taken the required training; and read ce, the provisions of which are effective	and understand the Palr	n Beach County

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

Olaver Date:

advisory board member of the above-mentioned board(s) that I am bound by it.

ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE:

STATE GUIDE TO THE SUNSHINE AMENDMENT &

CODE OF ETHICS

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Ackno	wledgment of Re	ceipt
NAME: Romon a	Coleman	\mathcal{L}
Print or Type		
		A

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 20 MONA Colema Bate: 9 27 10

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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 [X] At Large Appointment [] District Appointment or Term of Appointment: 11-16-10 To: 11-62-2012 Years. From: Seat Requirement! []*Reappointment or New Appointment $[\times]$ to complete the Due $[\lambda]$ resignation [] other Elizabeth Morton to: term of 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: (Middle Occupation/Affiliation: **Business Name: Business Address:** City & State Zip Code: Residence Address: Zip Code: 334 City & State Home Phone: **Business Phone:** Ext. Cell Phone: Fax: Email Address: Mailing Address preference: [] Business Residence Have you ever been convicted of a felony: Yes If Yes, state the court, nature of offense, disposition of case and date: **Minority Identification Code:**] IF (Native-American Female) Male) IM (Native-American Indian Male)] AF (Asian-American Female)] AM (Asian-American Male) JBF (African-American Female) [] BM (African-American Male)] HF (Hispanic-American Female) [] HM (Hispanic-American Male) [] WF(Caucasian Female) [WM (Caucasian Male) Applicant's Signatur Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on:

Commissioner's Signature:



ADVISORY BOARD MEMBERS

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COUNTY ADMINISTRATOR

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Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
		· .	
			-
Yes, s	ubmit a waiver to the Board of County Chas the above named contract(s);	Commissioners, since I or m	ny employer
/	OR		
$\underline{\hspace{1cm}}$ At this time	, I nor my employer have contract(s) with	h the Board of County Con	nmissioners
Code of Ethics and ack	l) advisory board member you are nowledge that you have read and	required to receive train I understand the PBC	ning on the PB Code of Ethic
Code of Ethics and ack Ordinance. If you are unable access	d) advisory board member you are mowledge that you have read and the training and/or Ordinance on elephone Number Here} for other	I understand the PBC the web, please contact	Code of Ethio
Code of Ethics and ack Ordinance. If you are unable access Name Here} at {Insert T	nowledge that you have read and the training and/or Ordinance on	I understand the PBC the web, please contact	Code of Ethio
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Code of Ethics and ack Ordinance. If you are unable access Name Here} at {Insert T	the training and/or Ordinance on elephone Number Here} for other Acknowledgment of Receipt Acknowledgment or Type	I understand the PBC the web, please contact	Code of Ethio
Code of Ethics and ack Ordinance. If you are unable access Name Here} at {Insert T	the training and/or Ordinance on elephone Number Here} for other Acknowledgment of Receipt Acknowledgment of Type GANIZATION: HS/EHS	the web, please contact arrangements.	Code of Ethio

Please sign and return this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-

addressed envelope has been provided for your convenience.

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.

NAME: Acknowledgment of Receipt

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 im bound by it.

Signature: MCG, WWW Date: 92118

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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Appointment to be made at BCC Meeting on:

Commissioner's Signature:

Date:



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN COUNTY ADMINISTRATOR

RE:

PALM BEACH COUNTY CODE OF ETHICS

advisory board members, set forth in the Palm Beacl must be waived by an affir Commissioners upon full cadvisory board. In the spa	tractual relationships between Patheir employers, or businesses, are County Code of Ethics, Ordinary mative vote of five (5) members of disclosure at a public meeting in one provided below, please identify this time. The Ordinance (2009-t: http://www.pbcgov.com/ethics/fitheirostrace	e prohibited conflicts ace 2009-051. This confort the Board of County order to accept appointy any such contractuation (051) and the training	of interest as nflict of interest y tment to an ll relationships,
Type of Contract	Which Department/Division	Effective Date	<u>Term</u>

can be found on the web	at: http://www.pbcgov.com/ethics/	advisory.htm	•
Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
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above named co	ontract(s); OR my employer have contract(s) with the	Board of County Commis	sioners
The time time, I not	my employer have contract(s) with the	Board of County Commis	SIOHEIS
As a (current or potenti	al) advisory board member you a	re required to receive	training on the
Ethics Ordinance.	d acknowledge that you have rea	ad and understand th	e PBC Code of
If you are unable access at (561) 355-3229 for oth	the training and/or Ordinance on er arrangements.	the web, please conta	act Patty Hindle
	Acknowledgment of Receipt		
NAME: <u>Kenna</u> Prin	nt or Type		
FIRM/COMPANY/ORO	GANIZATION: PBC He	ad Start	
ADVISORY BOARD(S)	: Head Start/E	Hs Policy e	Council
Code of Ethics Ordinance	taken the required training; and react, the provisions of which are effective fithe above-mentioned board(s) that I	ve May 1, 2010. I und	lm Beach County erstand that as an
Signatura:	1/1/1/1/1	9/1/10	

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.

ADVISORY BOARD MEMBERS

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ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE.

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Acknowledgment of Receipt

NAME: <u>Kenna M. Moore</u>

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:

—Date:

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

Revised 3/15/10

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Part I (to be filled out by Department): (Please Print) Board Name: Head Start/Early Head Start Policy Council [X] At Large Appointment District Appointment Term of Appointment: Years. 2010 Jupiter Alternale Seat #: 11-Seat Requirement: New Appointment []*Reappointment or to complete the Due [] resignation [] other term of 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 🗚 COUNTY RESIDENT Occupation/Affiliation: Business Name: Business Address: City & State Zip Code: Residence Address: oln lane. City & State Zip Code: Home Phone: Business Phone: Cell Phone: Email Address: Mailing Address preference: [] Business [Residence Have you ever been convicted of a felony: Yes 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: Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature: Date:



ADVISORY BOARD MEMBERS

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ROBERT WEISMAN COUNTY ADMINISTRATOR

RE:	PALM BEACH COUNTY CODE OF ETHICS
	0, contractual relationships between Palm Beach County government and
	ibers, their employers, or businesses, are prohibited conflicts of interest as
sat forth in the Polm	Reach County Code of Ethics Ordinance 2000 051. This conflict of interest

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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
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			*
			
Yes, submit a w	aiver to the Board of County Commissiontract(s);	oners, since I or my employ	ver have/has the
	OR		
At this time, I no	r my employer have contract(s) with the	Board of County Commis	sioners
As a (current or potent	ial) advisory board member you a	are required to receive	training on the
PBC Code of Ethics and	nd acknowledge that you have re	ad and understand th	e PBC Code o
Ethics Ordinance.			
If you are unable acces	s the training and/or Ordinance or	n the web, please conta	ct Patty Hindle
at (561) 355-3229 for otl	her arrangements.		
	Acknowledgment of Receipt		
W. Kind	DRIN IYVOC-11YOKKOM		
NAME:			
	ende parces marrer		
Pri	nt or Type		
FIRM/COMPANY/OR	GANIZATION:		
FIRM/COMPANY/OR	GANIZATION:		
FIRM/COMPANY/ORO	GANIZATION:		
FIRM/COMPANY/ORO ADVISORY BOARD(S I acknowledge that I have	GANIZATION: taken the required training; and rea	d and understand the Pal	m Beach Count
FIRM/COMPANY/ORO ADVISORY BOARD(S I acknowledge that I have Code of Ethics Ordinanc	GANIZATION:	ve May 1, 2010. I unde	m Beach Count

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: Hea	d Start/Early Head	d Start Policy (Council	
[X] At Large Ap	ppointment	or	[] District App	4.
Term of Appointment:	Years.	From:	11/16/2010	To: 11/15/2012
Seat Requirement: So	uth Bay - Represent	ative		Seat #: 12 – R
[[*Reappointm	ient	or	[v] New Appoint	tment
or to complete term of Completion of term to expire on:	the tangelo	washin 4-2012	Due [/	resignation [] other
conflicts shall be consi	ng considered for 1	re-appointmen d of County Co	t, the number of pommissioners.	previous disclosed voting s term
Part II (to be filled out	and signed by Ap	plicant): (Plea	ase Print)	
APPLIC	SANT, UNLESS EX			
Name:	Miller		Jagua	n cla Middle
Occupation/Affiliation:				
Business Name:			·	
Business Address:			·	
City & State			Zip Code	e:
Residence Address:	1105 SW	124n St	- Belle G	1100le F1. 33430
City & State			7in Cod	
YY 954	6) 99(e-2270)	Busin	Zip Code ()	Ext.
Cell Phone:	61) 697-1440		()	DAL.
Email Address:	ymiller@yp	hoo. com		
Mailing Address prefer	rence: [] Busines	s [] Residen	ce	
Have you ever been con If Yes, state the court, na	victed of a felony: ature of offense, dis	Yes position of case	No Le and date:	
Minority Identification [] IF (Native-American) [] AF (Asian-American) [] BF (African-American) [] HF (Hispanic-American) [] WF (Caucasian Fernal Applicant's Signature: Part III (to be filled out	n Female) n Female) an Female) can Female) ale) LLLUMOLO t by Commissioner	[] AM (Asia [] BM (Afric [] HM (Hispa [] WM (Cauc	re-American Indian n-American Male) can-American Mal anic-American Ma casian Male) Date:	e) le)
Appointment to be made		1:		
Commissioner's Signatur	re:		Da	te:



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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
		· · · · · · · · · · · · · · · · · · ·	
		-	
	submit a waiver to the Board of County Ce/has the above named contract(s);	Commissioners, since I or m	ny employer
	OR		
At this tim	ne, I nor my employer have contract(s) with	h the Board of County Con	nmissioners
Ordinance.	ial) advisory board member you are cknowledge that you have read and exercise the training and/or Ordinance on	l understand the PBC	Code of Ethics
Name Here} at {Insert	Telephone Number Here} for other	arrangements.	t {Insert Liaison
	Acknowledgement of Receipt		
NAME: bquar	rint or Type		
FIRM/COMPANY/OF	71		
ADVISORY BOARD(s): HS/EHS Police	1 council	
Code of Ethics Ordinan	ve taken the required training; and read ce, the provisions of which are effective of the above-mentioned board(s) that I	ve May 1, 2010. I unde	m Beach County rstand that as an
Please sign and return	this FORM to {Insert Liaison Name	Here} {Insert Address	s Here}. A self-

addressed envelope has been provided for your convenience.

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.

NAME: Print or Type

Acknowledgment of Receipt

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: Mollo Mole Ville Date: 921

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.

rart I (to be filled out by Department): (Please Print)
Board Name: HS/EHS Policy Council
\(\sum \) At Large Appointment or [] District Appointment
Term of Appointment: Years. From: $11/16/2010$ To: $\frac{9-26-11}{11/15/2011}$
Seat Requirement: South Bay - Alternate Seat #: 12 - A
[]*Reappointment or [L]New Appointment
or [] to complete the Due [] resignation [] other
or [1] to complete the term of Salicia Jackson to: Completion of term to expire on: One [1] resignation [1] other to: $9-26-2011$
*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 MUCT, GVd
City & State Belle Flade FL Zip Code: 33430
Residence Address: 900 NE 20th Street
City & State Belle Glade FL Zip Code: 33430
Home Phone: 64 996 0730 Business Phone: () Ext. Cell Phone: (3.) 26 1 2573 Fax:
Email Address: (34) 29 2563 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)
Appointment to be made at BCC Meeting on:
Commissioner's Signature: Date:



ADVISORY BOARD MEMBERS

FROM:

Signature: Www. -

addressed envelope has been provided for your convenience.

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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
		-	
Ves	, submit a waiver to the Board of County C	Commissioners since Lor n	ay amplayar
hav	re/has the above named contract(s);	commissioners, since I of in	ny employer
	OR		
If you are unable to acc Name Here} at {Insert	cess the training and/or Ordinance on Telephone Number Here} for other	the web, please contac arrangements.	t {Insert Liaisoı
NAME: Aiyan	Acknowledgement of Receipt		
J P	rint or Type RGANIZATION: PBC HS		
	s): HS/EHS Policy	Council	
Code of Ethics Ordinan	we taken the required training; and reac ce, the provisions of which are effecti of the above-mentioned board(s) that I	ve May 1, 2010. I unde	m Beach County erstand that as ar

Please sign and Yeturn this FORM to {Insert Liaison Name Here} {Insert Address Here}. A self-

___ Date: <u>9-2/-/</u>0

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.

\mathbf{A}	cknowledgment	of Receipt	
NAME: Aiyani			_
Print or T	уре		T
ADVISORY BOARD(S): _	HS/EHS	Policy	Council
acknowledge that I have		/	

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: Wyw Lither 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 [X] At Large Appointment or [] District Appointment Term of Appointment: Years. To: 11/18/2013 11/16/2010 From: Seat Requirement: Palm Glades - Representative Seat #: 13 - R[]*Reappointment or [] New Appointment , [] to complete the Due [] Resignatio other term of 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: Linemplayed Occupation/Affiliation: **Business Name:** Business Address: City & State Zip Code: Residence Address: 1118 NE 2016 City & State Zip Code: Home Phone: Cell Phone: Fax: Email Address: Mailing Address preference: [] Business [[Residence Have you ever been convicted of a felony: Yes 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) ticol Date: 9/08/10 Applicant's Signature: Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature:_ Date:



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE:

PALM BEACH COUNTY CODE OF ETHICS

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

		,	
Yes, so	ubmit a waiver to the Board of County C has the above named contract(s);	Commissioners, since I or n	ny employer
	OR		
At this time,	I nor my employer have contract(s) with	h the Board of County Cor	nmissioners
As a (current or potentia	l) advisory board member you are	required to receive trai	ning on the PRC
Code of Ethics and ack	nowledge that you have read and	understand the PBC	Code of Ethics
Ordinance.			
If you are unable to acces Name Here} at {Insert T	ss the training and/or Ordinance on elephone Number Here} for other	the web, please contac arrangements.	t {Insert Liaison
	Acknowledgement of Receipt		
NAME: () 11 C/ H	OTKO SO		
Prin	at or Type		
	ANIZATION: N/A HS/EHS Policy	iounci)	

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

My Hal (

Signature: (

Date: 9/28/10

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: CRESHUL WOUND

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: (nepfalteino Date: 9/38/10

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. 11/16/2010 To: 11/**02**/201**1** From: Seat Requirement: Palm Glades - Alternate Seat #: 13 – A []*Reappointment New Appointment to complete the Due [Resignatio [] other Brandy Smith 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 Occupation/Affiliation: **Business Name: Business Address:** elle Glade, Fla. zip Code: 33430 City & State Residence Address: Zip Code: 3343 D City & State Home Phone: Business Phone: (Cell Phone: Email Address: Mailing Address preference: [] Business [Li Residence Have you ever been convicted of a felony: Yes _ 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 Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature:_ Date:



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE:

PALM BEACH COUNTY CODE OF ETHICS

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	Which Department/Division	Effective Date	<u>Term</u>
			
Yes.	, submit a waiver to the Board of County (re/has the above named contract(s);	Commissioners, since I or m	ny employer
A A Alvin Air	OR		
At this tim	ne, I nor my employer have contract(s) wit	h the Board of County Con	nmissioners
As a (current or potent	tial) advisory board member you are	required to receive train	ning on the PB
Code of Ethics and a	cknowledge that you have read and	d understand the PBC	Code of Ethic
O1!			
Ordinance.			
Ordinance.		the web. please contact	t (Insert Ligiso
Ordinance. If you are unable to acc	cess the training and/or Ordinance or Telephone Number Here} for other	n the web, please contact arrangements.	t {Insert Liaiso
Ordinance. If you are unable to acc	cess the training and/or Ordinance or	n the web, please contac arrangements.	t {Insert Liaiso
Ordinance. If you are unable to acc	cess the training and/or Ordinance or Telephone Number Here} for other	n the web, please contact arrangements.	t {Insert Liaiso
Ordinance. If you are unable to acc	cess the training and/or Ordinance or	n the web, please contact arrangements.	t {Insert Liaiso
Ordinance. If you are unable to acconame Here} at {Insert	cess the training and/or Ordinance or Telephone Number Here} for other Acknowledgement of Receipt	n the web, please contact arrangements.	t {Insert Liaiso
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Ordinance. If you are unable to acconame Here} at {Insert NAME: Property Property Property ADVISORY BOARD(S)	Acknowledgement of Receipt Acknowledgement of Receipt ACKNOWLEDGEMENT ACKNOWLEDGEMENT OF Type RGANIZATION: N S): HS/EHS Policy	A Council	
Ordinance. If you are unable to accommod Name Here at {Insert NAME: Property of Property of Advisory Board (Stacknowledge that I have Code of Ethics Ordinance.	Acknowledgement of Receipt Acknowledgement of Receipt Acknowledgement of Receipt The state of	d and understand the Palive May 1, 2010. I under	m Beach Count
Ordinance. If you are unable to accommod Name Here at {Insert NAME: Property of Property of Advisory Board (Stacknowledge that I have Code of Ethics Ordinance.	Acknowledgement of Receipt Acknowledgement of Receipt ACKNOWLEDGEMENT ACKNOWLEDGEMENT OF TYPE RGANIZATION: S): HS/EHS Policy We taken the required training; and reach	d and understand the Palive May 1, 2010. I under	m Beach Count

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

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.

NAME: Acknowledgment of Receipt
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: Melson 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: Years. 11/16/2010 To: 11/1**5/**201**3** From: Seat Requirement: Palm Glades - Alternate Seat #: 13 - ANew Appointment []*Reappointment or to complete the Resignatio [] other Due term of 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 Middle Occupation/Affiliation: Business Name: Business Address: City & State Zip Code: 901 Palm Glade Drive Residence Address: City & State Zip Code: Home Phone: Business Phone: Cell Phone: Email Address: becklesn oymail. 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: / Date: 9-27-10 Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature:_ Date:



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE:

PALM BEACH COUNTY CODE OF ETHICS

advisory board membe set forth in the Palm B must be waived by an Commissioners upon f advisory board. In the or verify that none exi	contractual relationships between Paers, their employers, or businesses, and Beach County Code of Ethics, Ordina affirmative vote of five (5) members full disclosure at a public meeting in the espace provided below, please identifiest at this time. The Ordinance (2009) eb at: http://www.pbcgov.com/ethics	re prohibited conflicts on the 2009-051. This con of the Board of County order to accept appoint fy any such contractuation of the training to the contractuation.	of interest as inflict of interest timent to an l relationships,
Type of Contract	Which Department/Division	Effective Date	Term

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

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

Acknowledgement of Receipt

NAME: Acknowledgement of Receipt

Print or Type

FIRM/COMPANY/ORGANIZATION: Acknowledgement of Receipt

One of the web, please contact {Insert Liaise Acknowledgement of Receipt Acknowledgement October Acknowled

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: Natosha Blaklus Date: 9-27-10

ADVISORY BOARD(S): ____

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

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: Natasha Beckles

Print or Type

ADVISORY BOARD(S): HS/EHS 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: Malasha Bocklos Date: 9-27-10

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

Revised 3/15/10

Revised 1/2010

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: 11-16-2010 To: 11-02-2016
Seat Requirement: Papers Neather Delray HS Seat #: 14 R
[]*Reappointment or [1] New Appointment
or [1] to complete the term of Deborah Wilson to: Completion of term to
Completion of term to expire on: $\frac{3260 \text{ a. M.}}{11-0 \text{ a}} = 2012$
*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 Footains Country Club
Business Address:
City & State Lake Worth Zip Code: 33460
Residence Address: 4930 nw 5th Street
City & State Home Phone: Cell Phone: Email Address: Delicy Box Business Phone: Fax: () Ext.
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) [] AF (Asian-American Female) [] BF (African-American Female) [] HF (Hispanic-American Female) [] WF (Caucasian Female) [] WM (Caucasian Male) Applicant's Signature: Date:
Commissioner's Signature: Date:

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public.



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN COUNTY ADMINISTRATOR

COUNTY ADMINISTRATOR 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 **Type of Contract** Which Department/Division **Effective Date** <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 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: Vanie & Den Date: 911712010

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.

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: Vona 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: The Break Date: 911712010

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

Revised 3/15/10

Petrau Beh.

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: $11-16-2010$ To: 2012
Seat Requirement: Alternate - Delray #5 Seat #: 14-A
[]*Reappointment or [] New Appointment
or [] to complete the term of Due [] 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: 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 F/ Zip Code: 334444
Residence Address: 715 5 W 2nd C+
City & State De/RAY BEACH F/. Zip Code: 33444
Home Phone: (56) 865-5894 Business Phone: () Ext. Cell Phone: (56) 503-5657 Fax: ()
Email Address: John Son MALISSA @ 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)
Appointment to be made at BCC Meeting on:
Commissioner's Signature: Date:



ADVISORY BOARD MEMBERS

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ROBERT WEISMAN COUNTY ADMINISTRATOR

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17	н. •

PALM BEACH COUNTY CODE OF ETHICS

Type of Contract	Which Department/Divisi	ion <u>Effective Date</u>	<u>Term</u>
			· ************************************
	•		
Yes, submit a	a waiver to the Board of County Co	mmissioners, since I or my em	ployer have/has the
above named	d contract(s);		
		OR	
At this time I	noi niv embiover nave contractis) i	with the Board of County Com	missioners
At this time, I			
As a (current or pote	ential) advisory board membe	r you are required to rece	ive training on th
As a (current or pote	ential) advisory board membe	r you are required to rece	ive training on the the PBC Code
As a (current or pote		r you are required to rece lave read and understand	ive training on the the PBC Code
As a (current or pote PBC Code of Ethics Ethics Ordinance.	ential) advisory board membe and acknowledge that you h	nave read and understand	the PBC Code
As a (current or pote PBC Code of Ethics Ethics Ordinance.	ential) advisory board membe and acknowledge that you h	nave read and understand	the PBC Code

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

Signature: Malissa R. John Date: 9/14/10

advisory board member of the above-mentioned board(s) that I am bound by it.

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.

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

ADVISORY BOARD(S): HS/EHS Policy CO

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.

Date: 9/15/10 Signature:

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
[X] At Large Appointment or [] District Appointment
Term of Appointment: Years. From: $11/16/2010$ To: $11/15/2012$
Seat Requirement: Pahokee - Representative Seat #: 15 - R
[]*Reappointment or [New Appointment
or [] to complete the term of 5-4-20/2 to: Completion of term to expire on: Due [] Resignatio [] other 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, NLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Name: Mackson Edition Last First Middle
Occupation/Affiliation:
Business Name:
Business Address:
City & State Zip Code:
Residence Address: 8/17 McClure Rd.
City & State Home Phone: Cell Phone: Email Address: Comparison of the comparison
Mailing Address preference: [] Business Residence
Have you ever been convicted of a felony: Yes No V If Yes, state the court, nature of offense, disposition of case and date:
Minority Identification Code: [] IF (Native-American Female)
Appointment to be made at BCC Meeting on:
Commissioner's Signature: Date:



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

		, tilling	
Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
Yes,	submit a waiver to the Board of County Ce/has the above named contract(s); OR	Commissioners, since I or m	y employer
At this tin	ne, I nor my employer have contract(s) with	h the Board of County Con	nmissioners
As a (current or potent	ial) advisory board member you are	required to receive train	ning on the PBC
Ordinance.	eknowledge that you have read and	l understand the PBC	Code of Ethic
If you are unable to acc Name Here} at {Insert	ess the training and/or Ordinance on Telephone Number Here} for other	the web, please contact arrangements.	{Insert Liaisor
i —	Acknowledgement of Receipt		
NAME: Ebony	rint or Type		
FIRM/COMPANY/OR	GANIZATION: PBC H	ead stant	
ADVISORY BOARD(S	s: HS/EHS Police	y Counci	
Code of Ethics Ordinand	re taken the required training; and read ce, the provisions of which are effective of the above-mentioned board(s) that I	we May 1, 2010. I under am bound by it.	n Beach County
Signature: 250	Date:	9/21/10	
Please sign and return	this FORM to {Insert Liaison Name	/ /	Here}. A self-

addressed envelope has been provided for your convenience.

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.

(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: Date: 9/21/10

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

Revised 3/15/10

Pahoke

Revised 1/2010

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 Co	uncil
[X] At Large Appointment or	[] District Appointment
Term of Appointment: Years. From:	11-16-10 To: 11-02-201
Term of Appointment: Years. From: Seat Requirement: Phokee Cenke	ALT Seat #: 15 - 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 conflicts shall be considered by the Board of County C Number of previously disclosed voting conflicts	ommissioners. during the previous term
Part II (to be filled out and signed by Applicant): (Ple APPLICANT, UNLESS EXEMPTED, MI	ase Print) UST BE A COUNTY RESIDENT
Name: DShorne Last	
	First Middle
Occupation/Affiliation:	
Business Name: LAICE 31 de Mell Business Address: 900 Hov/Cec	ich
Business Address: 900 Hov/cee	Huy
City & State Belle & A Le	F/ Zip Code: 33460
Residence Address: 2538 SW 141	A Teensce
City & State Pahokec, Fl	Zip Code: 33476
Home Phone: (50) 449-4988 Busin Fax:	ess Phone: () Ext.
Email Address: LAKIATHA 36 C Hotmail.	com
Mailing Address preference: [] Business [Residen	ace
Have you ever been convicted of a felony: Yes If Yes, state the court, nature of offense, disposition of case	No e and date:
Minority Identification Code:	
[] IF (Native-American Female) [] IM (Nativ	ve-American Indian Male)
[]ADT /AC'	ın-American Male) can-American Male)
[] HF (Hispanic-American Female) [] HM (Hisp	anic-American Male)
[] WF(Caucasian Female) [] WM (Cauc	
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:

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public.



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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
			-
Yes	s, submit a waiver to the Board of County Core/has the above named contract(s);	commissioners, since I or m	ny employer
/ *	ÓΡ		
At this tir	me, I nor my employer have contract(s) with	the Roard of County Con	nmissioners
Ordinance. If you are unable acce	tial) advisory board member you are a cknowledge that you have read and see that you have read and see the training and/or Ordinance on a Telephone Number Here}	understand the PBC	Code of Ethics
NAME Year	Acknowledgment of Receipt		
NAME: <u>Kene</u>	rint or Type		
FIRM/COMPANY/OF	• • • • • • • • • • • • • • • • • • • •	LS	
ADVISORY BOARD(s): HS/EHS Polie	y Council	
Lode of Ethics Ordinan	ve taken the required training; and read ce, the provisions of which are effective of the above-mentioned board(s) that I	ze May 1, 2010 - Lunder	m Beach County rstand that as an
Signature: Lew	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.

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.

Signature: Ju She Date: 9-27-10

of the above-mentioned board(s) that I am bound by it.

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

Revised 3/15/10

WESTGATE

Revised 1/2010

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: 11-25-10-
Term of Appointment: Years. From: 11-16-10 To: 11-05-10- Seat Requirement: Policy Council Representative Seat #: 16-R
[] New Appointment
or [] to complete the term of Due [] 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)
Name: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Occupation/Affiliation: Last First Middle
Business Name: Eyeglass world
Business Address: 3180 NOrth Cake BVd
City & State PBG, FL Zip Code: 33418
Residence Address: 213 Lainhart Ct
City & State Home Phone: Cell Phone: Email Address: Zip Code: 38409 Business Phone: Fax: ()
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)
Part III (to be filled out by Commissioner):
Appointment to be made at BCC Meeting on:
Commissioner's Signature: Date:

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ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN COUNTY ADMINISTRATOR

RE:

PALM BEACH COUNTY CODE OF ETHICS

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

Ves submit a wa	niver to the Board of County Commission	mara ginaa Lar my ammla	rrom la orro (la o o tla o
above named co		oners, since I or my employ	yer nave/nas the
	OR		
At this time, I nor	my employer have contract(s) with the	Board of County Commis	sioners
		·	
As a (current or potenti	al) advisory board member you a	re required to receive	training on the
PBC Code of Ethics an	d acknowledge that you have re	ad and understand th	e PBC Code of
Ethics Ordinance.			
If you are unable access	the training and/or Ordinance of	n the web, please conta	act Patty Hindle
at (561) 355-3229 for oth	er arrangements.		. •
	. -		
	Acknowledgment of Receipt		
Many	Raom		
NAME: OGG IT	Turn Control		
Prir	nt or Type		
	DOC H	<u></u>	
FIRM/COMPANY/ORG	GANIZATION: 150 17	7	
ADVICODY DO ADD (C)	110/15/10 0 150	0 0	ſ
ADVISORY BOARD(S)	= #5/EHS POLIC	4 Countil	<u> </u>
T := 1= 1 . 1			
I acknowledge that I have	taken the required training; and reach	d and understand the Pal	lm Beach County
odynamy board maid a	the provisions of which are effectively	ve May 1, 2010. I unde	erstand that as an
advisory board menuoer of	f the above-mentioned board(s) that	- 1 · 1	
Signatura		9/03/10	
Signature:	Date:	- 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Please sign and return	this FORM to Patty Hindle Count	v Administration P.O.	Roy 1080 West

Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

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.

1 = 1 + 1 = 2 + 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1
NAME:Acknowledgment of Receipt
Print or Type
ADVISORY BOARD(S): HS/EHS Policy Pounci
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: 9/2/10
Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

WESTGATE

Revised 1/2010

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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: 1/-16-10 To: 1/-61-12
Seat Requirement: Alternate westquite Seat #: 16-A
[]*Reappointment or [V] New Appointment
or [V] to complete the term of Joann Becence to: Completion of term to expire on: Due [] resignation [V] other change fosition The p.
*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: Dong U9 Last First Middle
Occupation/Affiliation: Interoffice Communication ACG
Business Name:
Business Address: 3091 OSWEGO AVE.
City & State W.P.B 4. Zip Code:
Residence Address: 1035 Qual lake Dr. Apt 1311
City & State Image: Color of the color of t
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)
Commissioner's Signature: Date:

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public.

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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
Yes, submit a w above named co	aiver to the Board of County Commissiontract(s);	oners, since I or my emplo	yer have/has the
	OR		
At this time, I no	r my employer have contract(s) with the	e Board of County Commis	ssioners
	ial) advisory board member you		
Ethics Ordinance.	nd acknowledge that you have re	ead and understand th	ie PBC Code of
Ethics Of dinance.			
If you are unable access	s the training and/or Ordinance o	on the web, please cont	act Patty Hindle
at (561) 355-3229 for otl		•	•
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	Acknowledgment of Receipt		
NAME: TYPY	Brun		
	nt or Type		
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FIRM/COMPANY/OR		7	
ADVISORY BOARD(S): POHRY PONCY &	ouncil Com	mittee
I acknowledge that I have		ad and understand the Do	Im Reach County
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	e taken the required training; and rea e, the provisions of which are effect of the above-mentioned board(s) that	tive May 1, 2010. I und	

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: Dong Brown 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: Date: 95010

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: 9-15-10 To: 19-15-13
Seat Requirement: Policy Cancil Representative Seat #: 17 - R
[]*Reappointment or [New Appointment
or [] to complete the Due [] resignation [] other
term of Maria Voa aucreto: 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: RICKMAN SHERIFWE First Middle
Occupation/Affiliation:
Business Name:
Business Address:
City & State LAKE WORTH F/ Zip Code: 33460)
Residence Address: 1736 lake Worth Rd Apt 200
City & State ICKC WOTH Zip Code: 38 460 Home Phone: (56) 584-86 06 Business Phone: () Ext. Cell Phone: (60) 702-5040 Fax: () Email Address: () Com
Mailing Address preference: [] Business Fresidence
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)
Part III (to be filled out by Commissioner):
Appointment to be made at BCC Meeting on:
Commissioner's Signature: Date:



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN COUNTY ADMINISTRATOR

RE:

PALM BEACH COUNTY CODE OF ETHICS

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· 1			
Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
	·	·	
Yes, submit a v	vaiver to the Board of County Commission (contract(s):	oners, since I or my emplo	yer have/has the
	OR		
At this time Inc	or my employer have contract(s) with the	Board of County Commis	eionere
Ethics Ordinance. If you are unable access at (561) 355-3229 for or	ss the training and/or Ordinance of the arrangements.	n the web, please cont	act Patty Hind
	Acknowledgment of Receipt	1	
NAME: SHERIP	NE RICKMAN int or Type		
FIRM/COMPANY/OR	GANIZATION: PBC H	2	
ADVISORY BOARD(S	s): HS/EHS Poli	'ey Coune	
Code of Ethics Ordinand	re taken the required training; and reace, the provisions of which are effect of the above-mentioned board(s) that	ive May 1, 2010. I und	lm Beach Counterstand that as a
Signature:	Rober Date:	9-15-10	9

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

ADVISORY BOARD(S): HS/EHS Policy Cou

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:

ChreRichie Date: 0-16-10 Please sign and return to Administration in self-addressed envelope provided.

Revised 3/15/10

10

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

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 b	y Department): (Please Print)			
Board Name: Head St	art/Early Head S	tart Policy C	<u>ouncil</u>		
[X] At Large Ap	pointment	or		Appointment	11-02-12
Term of Appointment:	Years.	From:	4-16	O To:	9-15-11
Seat Requirement:	Policy	Council	Lutterna	Seat #:	17-A
[]*Reappointme	nt	or	[New App		ęs
or [\(\) to complete term of Completion of term to expire on:	Melani	e vent 2-2013	Due [urato:	resignati	on [] other
*When a person is bein conflicts shall be consid Number of prev		d of County	Commissioners.	•	lisclosed voting
Part II (to be filled out APPLICA	and signed by Ap			UNTY RESID	ENT
Name: Moving	Last	C	NCIStelle First	<u> </u>	Middle
Occupation/Affiliation:					
Business Name:					
Business Address:					
City & State	Lake wo	rth, F	Zip	Code: 3	3460
Residence Address:	1436 LE	ake w	DOCT NED	H7 101	
Cell Phone: <u>(50</u>	5) 533-366 (1) 398-844 (1) Christolia (Fax	siness Phone:	Code:	Ext.
Mailing Address prefer	ence: [] Busine	ess [UResid	lence		
Have you ever been conditions of Yes, state the court, na	victed of a felony: ature of offense, di	Yessposition of c	Noase and date:	-	
Minority Identification [] IF (Native-American) [] AF (Asian-American) [] BF (African-American) [] HF (Hispanic-American) [] WF(Caucasian Femal) Applicant's Signature:	n Female) n Female) an Female) can Female)	[] AM (A [] BM (A [] HM (H	ative-American I sian-American M frican-American ispanic-American aucasian Male)	Male) Male)	10
Part III (to be filled ou	t by Commission	<u>er):</u>	. •		
Appointment to be made	at BCC Meeting	on:			

Commissioner's Signature:

Date:



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN COUNTY ADMINISTRATOR

RE:

PALM BEACH COUNTY CODE OF ETHICS

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Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
Yes, submit a waive above named contr	er to the Board of County Commission ract(s);	oners, since I or my employ	er have/has the
A 2 of the second	OR		_
At this time, I nor m	y employer have contract(s) with the	Board of County Commiss	ioners
As a (current or potential)	advisory board member you a	are required to receive	training on the
PBC Code of Ethics and Ethics Ordinance.	acknowledge that you have re	ad and understand the	PBC Code of
Ethics Orumance.			
If you are unable access the	ne training and/or Ordinance of	n the web, please contac	ct Patty Hindle
at (561) 355-3229 for other	arrangements.		
	·		
A(cknowledgment of Receipt		
NAME: Christe	U/a MOVIN		
Print o	or Type		
FIRM/COMPANY/ORGA	NIZATION:		
ADVISORY BOARD(S): _			
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Code of Ethics Ordinance, t	he provisions of which are effecti	ve May 1, 2010. I under	estand that as an
TX. 1. 1 Talk	negabove-mentioned board(s) that		
Signature: MUNITE	9 MUD/77 Date:	9-16-10	

10:	ADVISORY BOARD MEMBERS
FROM:	ROBERT WEISMAN COUNTY ADMINISTRATOR
RE:	STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS
yourself with the purpose of this	the to a Palm Beach County Advisory Board, you must familiarize the State Guide to the Sunshine Amendment and Code of Ethics. The guide is to ensure adherence to the highest standards of ethics, protect County government and foster public confidence.
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acknowledgmer you cannot acce	nd make yourself familiar with the Guide and return the nt form below to: (Insert Liaison Name) (Insert Liaison Address). If ss this document on the web, please contact (Insert Liaison Name) at Telephone #) for other arrangements.
NAME: <u>Chr</u>	Acknowledgment of Receipt 7 15+0/0 MOVIN Print or Type
ADVISORY B	OARD(S):
Amendment and	that I have read the State of Florida Guide to the Sunshine the Code of Ethics. I understand that as an advisory board member nationed board(s) that I am bound by it. Date: 9-16-10
	return to Administration in self-addressed envelope provided. Revised 3/15/10

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Part I (to be filled out by Department): (Please Print) Board Name: Head Start/Early Head Start Policy Council [X] At Large Appointment [] District Appointment or Term of Appointment: Years. From: 11-15-10 To: 11-15-13 Ke worth - A/ Per nu (Seat #: 17 - A []*Reappointment [] New Appointment to complete the [] resignation [] other Due term of 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: Last Occupation/Affiliation: \ Business Name: Business Address: City & State Zip Code: Residence Address: City & State Zip Code: Home Phone: Business Phone: Cell Phone: Fax: Email Address: Mailing Address preference: [] Business [] Residence Have you ever been convicted of a felony: Yes 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: Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature:



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN **COUNTY ADMINISTRATOR**

RE:

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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 a PBC Code of Ethics and acknowledge that you have read and understand the PBC Code Ethics Ordinance. If you are unable access the training and/or Ordinance on the web, please contact Patty Him at (561) 355-3229 for other arrangements. Acknowledgment 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 Cou Code of Ethics Ordinance, the provisions of which are effective May 1, 2010. I understand that as	ype of Contract	Which Department/Division	Effective Date	<u>Term</u>
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 Ethics Ordinance. If you are unable access the training and/or Ordinance on the web, please contact Patty Himat (561) 355-3229 for other arrangements. Acknowledgment of Receipt NAME: Acknowledgment of Receipt 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 Cou				
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	FIRM/COMPANY/OF ADVISORY BOARD(RGANIZATION:		.lm Beach Coun

Date: 10510

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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(Hisert Edulott Telephorie #) for other arrangements.	
Acknowledgment of Receipt,	هی می مورس هم بری می پیرا روز آنه اها آندا شد.
NAME to have Der	
Frint or Type	
ADVISORY BOARD(S):	
I acknowledge that I have read the State of Florida Guide to th	e Sunshine
Amendment and the Code of Ethics. I understand that as an advisory bo	ard member
of the above-mentioned-board(s) that Lam bound by it.	
Signature 2 Date: 10 5 10))

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 St	art Policy Cou	<u>ıncil</u>	
[X] At Large Appointment	or	[] District Appointment	
Term of Appointment: Years.	From:	11-16-10 To: 1	1-02-12
Term of Appointment: Years. Seat Requirement: Policy C	eren Cel	ra Blach Seat #:	18 - R
[v]*Reappointment		[] New Appointment	
or [/] to complete the term of Le mital Completion of term to expire on:	Lubir	Due [resigna to:	ation [] other
*When a person is being considered for r conflicts shall be considered by the Board Number of previously disclosed ve	l of County C	ommissioners.	disclosed voting
Part II (to be filled out and signed by App APPLICANT, UNLESS EX			'IN 17 N/T'
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Last		BARBARA First	Middle
Occupation/Affiliation:	·		
Business Name:			
Business Address:		1	
City & State	·	Zip Code:	
Residence Address: 1641 W 34	5 Street	R	
City & State Home Phone: Cell Phone: Email Address: Ktann 6800	ch , H 7 Busir 0 Fax:	Zip Code: 3 : ness Phone: (56) 671-3	3 404 3632 Ext.
Mailing Address preference: [] Busines	ss [L] Resider	nce	
Have you ever been convicted of a felony: If Yes, state the court, nature of offense, dis		No se and date:	
Minority Identification Code: [] IF (Native-American Female) [] AF (Asian-American Female) [] BF (African-American Female) [] HF (Hispanic-American Female) [] WF (Caucasian Female) Applicant's Signature:	[] AM (Asi [] BM (Afr [] HM (Hisp [] WM (Cau	ve-American Indian Male) an-American Male) ican-American Male) panic-American Male) icasian Male) Date:	7-10
Part III (to be filled out by Commissione			
Appointment to be made at BCC Meeting o Commissioner's Signature:	n: 	Date:	



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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
			
T		-	*
Ves. submit a	waiver to the Board of County Commission	mers since I or my employe	er have/has the
above named		mers, since I or my employe	or mave/mas the
	OR		
At this time, I n	or my employer have contract(s) with the	Board of County Commiss:	ioners
s a (current or poter	itial) advisory board member you a	re required to receive	<u>training on t</u>
	and acknowledge that you have re	ad and understand the	PBC Code
Ethics Ordinance.			
f you are unable acce	ess the training and/or Ordinance or		
f you are unable acce	ess the training and/or Ordinance or		
f you are unable acce	ess the training and/or Ordinance or		
If you are unable acce	ess the training and/or Ordinance of ther arrangements.		
If you are unable accent (561) 355-3229 for o	ess the training and/or Ordinance of ther arrangements. Acknowledgment of Receipt		
If you are unable accent (561) 355-3229 for o	Acknowledgment of Receipt ARA A. VHOMAS		
If you are unable accent (561) 355-3229 for o	ess the training and/or Ordinance of ther arrangements. Acknowledgment of Receipt		
nat (561) 355-3229 for o	Acknowledgment of Receipt ARA A. THOMAS rint or Type		
If you are unable acce at (561) 355-3229 for o	Acknowledgment of Receipt ARA A. THOMAS rint or Type		
f you are unable accest (561) 355-3229 for one of the second seco	Acknowledgment of Receipt Acknowledgment of Thomas rint or Type RGANIZATION: HS/EHS	the web, please contact	
If you are unable accent (561) 355-3229 for one of the second of the sec	Acknowledgment of Receipt Acknowledgment of Receipt ARA A. THOMAS rint or Type RGANIZATION: IBC H S): Policy Council	the web, please contact	ct Patty Hind
of you are unable access to (561) 355-3229 for one of the control	Acknowledgment of Receipt Acknowledgment of Receipt ACKNOWLEDGMENT AS THE THE HEAD AS THE	the web, please contact	n Beach Cour
If you are unable accept (561) 355-3229 for one of the company of	Acknowledgment of Receipt Acknowledgment of Receipt ARA A. VHOMAS rint or Type RGANIZATION: HS/EHS ve taken the required training; and real ace, the provisions of which are effects	the web, please contact	n Beach Cour
of you are unable accept (561) 355-3229 for one of the transfer of the transfe	Acknowledgment of Receipt Acknowledgment of Rec	the web, please contact	n Beach Cour
If you are unable accept (561) 355-3229 for one of the company of	Acknowledgment of Receipt Acknowledgment of Receipt ARA A. VHOMAS rint or Type RGANIZATION: HS/EHS ve taken the required training; and real ace, the provisions of which are effects	the web, please contact	n Beach Cour

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

Board Name: Head	Start/Early Head	d Start Policy	Council	
[X] At Large App	pointment	or	[] District Appo	pintment 11-02-1
Term of Appointment:	Years.	From:	11/16/2010	To: 11/15/2013
Seat Requirement: Wes	st Palm Beach - Re	epresentative		Seat #: 19 – R
[f]*Reappointme	ent	or	[] New Appoint	ment
or [] to complete term of Completion of term to expire on:	the		Due [] to:	Resignatio [] other n
Number of prev	ered by the Board viously disclosed v	d of County Coting conflicts	ommissioners. during the previous	orevious disclosed voting
Part II (to be filled out : APPLICA	INT, UNLESS EX	EMPTED, M	ease Print) UST BE A COUNT	TY RESIDENT
Name: Sherro	Last	· · · · · · · · · · · · · · · · · · ·	First	Middle
Occupation/Affiliation:				
Business Name:				
Business Address:				
City & State			Zip Code	::
Residence Address:	4775 Aust	ralian Avi	e Apt au	18-204
City & State Home Phone: Cell Phone: (56)	<u>(W.P.B</u> F))856-3683	Busin Fax:	Zip Code	
Mailing Address prefer				
Have you ever been conv If Yes, state the court, nat	icted of a felony: ture of offense, dis	Yesposition of cas	No <u>/</u> e and date:	
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-American [] HF (Hispanic-Americ [] WF(Caucasian Femal	Female) Female) n Female) an Female) e)	[] AM (Asia [] BM (Afri	ve-American Indian an-American Male) can-American Male vanic-American Mal casian Male)	e)
Applicant's Signature:	Jul Sul		Date: <u>9</u> -	15-10
Part III (to be filled out	by Commissioner	<u>):</u>		
Appointment to be made a	at BCC Meeting or	n:		
Commissioner's Signature	e:		Dat	te:



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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
	·	·	
Yes	s, submit a waiver to the Board of County C we/has the above named contract(s);	Commissioners, since I or n	ny employer
	OR		
The this th	me, I nor my employer have contract(s) with	if the Board of County Cor	mmssioners
Ordinance.	tial) advisory board member you are a cknowledge that you have read and	l understand the PBC	Code of Ethics
If you are unable to ac Name Here} at {Insert	cess the training and/or Ordinance on t Telephone Number Here} for other	the web, please contac arrangements.	t {Insert Liaison
	Acknowledgement of Receipt		
NAME: Type C	Print or Type		
FIRM/COMPANY/OI	RGANIZATION: PBCH	2	
ADVISORY BOARD((s): HS JEHS Policy Co	Duneif	
Code of Ethics Ordinar	ve taken the required training; and read ace, the provisions of which are effection of the above-mentioned board(s) that I	I and understand the Pal ve May 1, 2010. I unde	m Beach County erstand that as an
Signature:	-, /	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.

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: <u>Lyory Sperrod</u>
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: Date: 9-15-10

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.

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: 41/15/2011
Seat Requirement: West Palm Beach - Alternate Seat #: 19 - A
[]*Reappointment or [New Appointment
or [$$ to complete the term of Completion of term to expire on: Due [$$ Resignatio [] other 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: TROUGHT PATRICIA ANTONETTE Last First Middle
Occupation/Affiliation: Home HEALTH AIDE
Business Name: COMPANIONS PLUS
Business Address:
City & State CORAL SPRINCIS FL Zip Code:
Residence Address: 1500 N. CONGRESS AVE APT. A322
City & State Home Phone: Cell Phone: Email Address: W.P.BRACH FLORIDA Zip Code: 33401
Mailing Address preference: [] Business [L] Résidence
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)
Part III (to be filled out by Commissioner):
Appointment to be made at BCC Meeting on: Commissioner's Signature: Date:



ADVISORY BOARD MEMBERS

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ROBERT WEISMAN

COUNTY ADMINISTRATOR

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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

Type of Con	<u>tract</u>	Which Department/Di	<u>vision</u>	Effective Date	<u>Term</u>
			·	· ·	4
			·		<u></u>
	-				
			·		
_		nit a waiver to the Board the above named contrac	t(s);	nmissioners, since I or n	ny employer
	At this time I	nor my employer have cor	OR	na Poord of County Cor	mmiagion org
 -		for my employer have cor	iliaci(s) with the	ne Board of County Cor	immssioners
As a (currer	nt or potential) a	<u>advisory board membe</u>	er you are rec	quired to receive trai	ning on the PBC
Ordinance.	hics and ackno	wledge that you have	read and u	inderstand the PBC	Code of Ethics
Of ulmance.	-				
If you are u	nable access the	e training and/or Ord	inance on the	e web. nlease contac	t Ansert Ligison
Name Here	} at {Insert Tele	phone Number Here}	for other ar	rangements.	t (Inscit Enaison
	Ac	eknowledgment of Rec	eipt		
NAME:	Patricia A	ntonette Trought			
		or Type			
FIRM/COM	/IPANY/ORGA	NIZATION:	N/A		
ADVISORY					
	Y BOARD(S): _	Head Start/EF	S Policy C	ouncil	
					m Pagah County
I acknowled	ge that I have tal	cen the required trainin	g; and read a	nd understand the Pal	m Beach County
I acknowledged Code of Ethical advisory boa	ge that I have tal ics Ordinance, the ard member of th	ken the required training the provisions of which above-mentioned boar	g; and read a are effective rd(s) that I ar	nd understand the Pal May 1, 2010. I unden I bound by it.	m Beach County
I acknowledged Code of Ethical advisory boa	ge that I have tal ics Ordinance, the ard member of th	ken the required training the provisions of which above-mentioned boar	g; and read a are effective rd(s) that I ar	nd understand the Pal May 1, 2010. I unden I bound by it.	m Beach County erstand that as an
I acknowled Code of Ethiadvisory boa	ge that I have tal ics Ordinance, the ard member of the	ken the required training provisions of which	g; and read a are effective rd(s) that I ar Date:	nd understand the Pal May 1, 2010. I unden to bound by it.	erstand that as an

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

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: Patricia Trought
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: Prought Date: 9/22/10

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.

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

Board Name: Head Start/Early Head Start Policy Council [X] At Large Appointment [] District Appointment or Term of Appointment: Years. From: 11/16/2010 To: 11/15/2013 Seat Requirement: West Palm Beach Alternate Seat #: 19-A []*Reappointment [X] New Appointment or to complete the • [] Due [] resignation [] other term of 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: Occupation/Affiliation: **Business Name: Business Address:** City & State Zip Code: Residence Address: City & State Zip Code: Home Phone: Business Phone: Cell Phone: Email Address: Mailing Address preference: [] Business [] Residence Have you ever been convicted of a felony: Yes If Yes, state the court, nature of offense, disposition of case and date: **Minority Identification Code: F** (Native-American Female) [] IM (Native-American Indian Male)] AF (Asian-American Female) AM (Asian-American Male) [**J**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 Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature: Date:

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public.

Revised 1/2010



ADVISORY BOARD MEMBERS

FROM:

Signature:

ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE:

PALM BEACH COUNTY CODE OF ETHICS

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Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
			
Yes, sul	omit a waiver to the Board of County County the above named contract(s);	Commissioners, since I or n	ny employer
	OR		
At this time,	nor my employer have contract(s) with	h the Board of County Con	nmissioners
you are unable access to me Here} at {Insert Te	he training and/or Ordinance on lephone Number Here} for other	the web, please contact arrangements.	{Insert Lia
A	cknowledgment of Receipt		
AME: OCTU	els Patre		
	or Type	4	
RM/COMPANY/ORG	ANIZATION: ///	<u> </u>	
RM/COMPANY/ORGA DVISORY BOARD(S):	ANIZATION: MS/EHS PO	slicy com	-c, [

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

Date: 1081

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.

NAME: 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: Date: 10-8-10

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.

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
Term of Appointment: Years. From: 11-16-10 To: 1-03-12 Seat Requirement: Wion Rep Seat #: 20
]*Reappointment or [VNew Appointment
or [] to complete the term of Rosenie Due [] 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: Otalus Cuckner Last First Middle
Occupation/Affiliation:
Business Name:
Business Address:
City & State Zip Code:
Residence Address: 423 Silver Beach Rc/
City & State Lake Park Zip Code: 33403 Home Phone: () Business Phone: () Ext. Cell Phone: (56) 909-8220 Fax: () Email Address: () () ()
Mailing Address preference: [] Business [] Residence
Have you ever been convicted of a felony: Yes No VIII Yes, state the court, nature of offense, disposition of case and date:
Minority Identification Code: [] IF (Native-American Female)
Part III (to be filled out by Commissioner):
Appointment to be made at BCC Meeting on:
Commissioner's Signature: Date:



ADVISORY BOARD MEMBERS

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ROBERT WEISMAN COUNTY ADMINISTRATOR

RE:

PALM BEACH COUNTY CODE OF ETHICS

advisory board member set forth in the Palm Beamust be waived by an af Commissioners upon ful advisory board. In the sor verify that none exist	ontractual relationships between Pass, their employers, or businesses, and County Code of Ethics, Ordina firmative vote of five (5) members I disclosure at a public meeting in space provided below, please identiat this time. The Ordinance (2009 at: http://www.pbcgov.com/ethics.	re prohibited conflicts ince 2009-051. This con of the Board of County order to accept appoint fy any such contractual (-051) and the training	of interest as uflict of interest tment to an I relationships,
The second second			

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					,
At this time,	I nor my empl	loyer have contr	OR act(s) with the l	Board of County Com	missioners
As a (current or pot	ential) advi	sory hoard m	emher vou ai	e required to rece	sive training on the
PBC Code of Ethic	s and ackno	owledge that	you have rea	d and understand	the PBC Code of
Ethics Ordinance.	•	i Na			
f you are unable ac at (561) 355-3229 for	cess the trai	ining and/or (ngements.	Ordinance on	the web, please co	ontact Patty Hindle

NAME: Lyckner Otalus	ipt
Print or Type	·
FIRM/COMPANY/ORGANIZATION:	K/A
ADVISORY BOARD(S): HS/EHS	s Policy council
T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	

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: Leon War (Talus Date: 9-27-10

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/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-mentained board(s) that I am bound by it.

Signature: Juckver Talus Date: 9-22-10

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

Board Name: Head Start/Early Head Start P	olicy Council
[X] At Large Appointment or	
Term of Appointment: Years.	From: 11-16-10 To: 11-2012
Seat Requirement: Union	AIT Seat #: 20-A
[]*Reappointment or	New Appointment
expire on:	Due [v] resignation [] other Dominique (2-12 pointment, the number of previous disclosed voting County Commissioners.
Number of previously disclosed voting	conflicts during the previous term
Part II (to be filled out and signed by Applican APPLICANT, UNLESS EXEMP	nt): (Please Print) PTED, MUST BE A COUNTY RESIDENT
Name: JCNN195 Last	Latola M First Middle
Occupation/Affiliation: + Student	
Business Name:	
Business Address:	
City & State	Zip Code:
Residence Address: 21598 W. I	ath st
City & State Home Phone: Cell Phone: Email Address: RIVICTA BCh () () () () () () () () () (Fax: Zip Code: 33404 Ext. Ext.
Mailing Address preference: [] Business [] Residence
Have you ever been convicted of a felony: Yes_If Yes, state the court, nature of offense, disposit	No ion of case and date:
[] AF (Asian-American Female) [] BF (African-American Female) [] HF (Hispanic-American Female) [] □	IM (Native-American Indian Male) AM (Asian-American Male) BM (African-American Male) HM (Hispanic-American Male) WM (Caucasian Male) Date: 9-22-10
Commissioner's Signature:	Date:



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN COUNTY ADMINISTRATOR

RE:

Signature:

PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and

set forth in the Palm Bead must be waived by an aff Commissioners upon full advisory board. In the sp or verify that none exist a	their employers, or businesses, a ch County Code of Ethics, Ordina irmative vote of five (5) members disclosure at a public meeting in pace provided below, please identiat this time. The Ordinance (2009 at: http://www.pbcgov.com/ethics	once 2009-051. This conor of the Board of County order to accept appoin fy any such contractual (-051) and the training	nflict of interest y tment to an Il relationships,
Type of Contract	Which Department/Division	Effective Date	Term
<u> </u>	THE BOOK THE THE THE	Eliteotivo Bate	<u> </u>
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As a (current or potentical PBC Code of Ethics an Ethics Ordinance.	OR my employer have contract(s) with the al) advisory board member you a d acknowledge that you have re the training and/or Ordinance o er arrangements.	are required to receive ead and understand th	e training on the ne PBC Code of
A	Acknowledgment of Receipt		
NAME: LA TOIA Prin	at or Type		
FIRM/COMPANY/ORG		-	
ADVISORY BOARD(S)	: HS/EHS Poli	ey counci	\int
I acknowledge that I have Code of Ethics Ordinance	taken the required training; and rea the provisions of which are effect the above-mentioned board(s) that	d and understand the Pa ive May 1, 2010. I und	Im Beach County

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.

4/09/10

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.

NAME: Acknowledgment of Receipt 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: Date: 9-22-10

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.

Part I (to be filled out by Department): (Please Print) Board Name: <u>Head Start/Early Head Start Policy Council</u> [X] At Large Appointment or District Appointment Term of Appointment: Years. From: 11/16/2010 To: 09/26/2011 Seat Requirement: EHS Delray - Representative Seat #: 21 - R []*Reappointment or X New Appointment to complete the [X] resignation [] other Due term of Theoluna Talegrand to: Completion of term to expire on: 09/26/2011 *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: Bazile Magdalina Middle First Occupation/Affiliation: Unemployed **Business Name:** Business Address: City & State Zip Code: Residence Address: 219 SW 1st Avenue City & State Zip Code: Delray Beach , FL Home Phone: Business Phone: () Cell Phone: (561)Fax: Email Address: Mailing Address preference: [] Business [X] Residence Have you ever been convicted of a felony: Yes _____ 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) [X] 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: Hog dol R Date: 10 07 10 Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on:

Commissioner's Signature:

Date: ___



ADVISORY BOARD MEMBERS

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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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
1			
11		- Control of the Cont	
	*		
1			
			·
	vaiver to the Board of County Commission	oners, since I or my emplo	yer have/has the
above named c			
At this time Inc	OR or my employer have contract(s) with the	Board of County Commis	scioners
• • • • • • • • • • • • • • • • • • • •		.	
As a (current or poten	tial) advisory board member you :	are required to receive	training on the
PBC Code of Ethics a	nd acknowledge that you have re	ad and understand th	e PBC Code of
Ethics Ordinance.			
If you are unable acces	ss the training and/or Ordinance o	n the web, please cont	act Patty Hindle
	ss the training and/or Ordinance o	n the web, please conta	act Patty Hindle
		n the web, please cont	act Patty Hindle
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at (561) 355-3229 for ot	Acknowledgment of Receipt	n the web, please cont	act Patty Hindle
nt (561) 355-3229 for ot NAME:	Acknowledgment of Receipt	n the web, please cont	act Patty Hindle
nt (561) 355-3229 for ot NAME:	Acknowledgment of Receipt	n the web, please cont	act Patty Hindle
nat (561) 355-3229 for ot NAME:	Acknowledgment of Receipt Lalina Bazile int or Type	n the web, please cont	act Patty Hindle
name: MAGO Pr	Acknowledgment of Receipt Lalina Bazile int or Type GANIZATION: PBC	H-S	act Patty Hindle
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name: MAGC Pr FIRM/COMPANY/OR ADVISORY BOARD(S	Acknowledgment of Receipt Lalina Bazile int or Type GANIZATION: PBC S): HS/EHS Poli	HS ey Counci	J
NAME: MAGO Pr FIRM/COMPANY/OR ADVISORY BOARD(S	Acknowledgment of Receipt Latina Bazile int or Type GANIZATION: PBC S: HS/EHS Politice te taken the required training; and rea	HS Councide and understand the Pa	lm Beach County
NAME: MAGO Pr FIRM/COMPANY/OR ADVISORY BOARD(S I acknowledge that I hav Code of Ethics Ordinand	Acknowledgment of Receipt Latina Bazile int or Type GANIZATION: PBC Te taken the required training; and reace, the provisions of which are effect	d and understand the Pa	lm Beach County
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Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

ADVISORY BOARD MEMBERS

FROM:

Signature

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.

NAME: Madalina BAZIR

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.

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 [] District Appointment A / fearur fe [X] At Large Appointment or From: 11-16-10 To: 11-92-12 Term of Appointment: Years. ray EHS - Alternate Seat #: 21-A New Appointment []*Reappointment Lydia taylor to: [resignation [] other to complete the 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 Occupation/Affiliation: Business Name: Business Address: City & State Zip Code: Residence Address: De Iran Beach, FL Zip Code: 33444

Business Phone: () Ext. City & State Home Phone: Cell Phone: Email Address: Mailing Address preference: [] Business [X Residence Have you ever been convicted of a felony: Yes 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) [] BM (African-American Male)] HF (Hispanic-American Female)] HM (Hispanic-American Male)] WF(Caucasian Female) [] WM (Caucasian Male) Applicant's Signature: Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature:_ Date:



ADVISORY BOARD MEMBERS

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H.I	21	1	/ •

FROM:	ROBERT WEISMAN OUNTY ADMINISTRATOR		
RE: P	ALM BEACH COUNTY CODE O	FETHICS	
advisory board members set forth in the Palm B must be waived by an a Commissioners upon f advisory board. In the or verify that none exist	contractual relationships between I ers, their employers, or businesses, a each County Code of Ethics, Ordin affirmative vote of five (5) members full disclosure at a public meeting in expace provided below, please ident at this time. The Ordinance (2009) eb at: http://www.pbcgov.com/ethics	are prohibited conflicts of ance 2009-051. This confloor of the Board of County order to accept appointmify any such contractual repositions and the training reconstructions.	interest as ict of interest ent to an elationships,
Type of Contract	Which Department/Division	Effective Date	Term
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At this time, I n	waiver to the Board of County Commissi contract(s); OR nor my employer have contract(s) with the ntial) advisory board member you and acknowledge that you have re	e Board of County Commissio	ners aining on the
If you are unable acce	ess the training and/or Ordinance o	n the web please contact	Patty Hindle
at (561) 355-3229 for o	ther arrangements.	n the web, pieuse contact	Tatty Hilluit
	Acknowledgment of Receipt		
NAME: Casety	rint or Type		
FIRM/COMPANY/OI	RGANIZATION: PBC F	10	
	s): HS/EHS Poli	Py Counce	
Code of Ethics Ordinan	ve taken the required training; and reace, the provisions of which are effect of the above-mentioned board(s) that	ive May 1, 2010. I underst	Beach County tand that as an

Signature:

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 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.

redevice Date: 9-21-10 Signature:

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

Revised 3/15/10

solary EHS

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: 11-15-13
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 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 Charlenagne Last First Middle Occupation/Affiliation: Financial Consultant
Occupation/Affiliation: Financial GNSULANT
Business Name:
Business Address:
City & State Zip Code:
Residence Address: 2925 SW Zzna que #204
City & State Home Phone: Cell Phone: Email Address: City & State Outhry Beaca C Zip Code: Business Phone: () Ext.
Mailing Address preference: [] Business [] Residence
Have you ever been convicted of a felony: Yes No
Minority Identification Code: [] IF (Native-American Female)
Appointment to be made at BCC Meeting on:
Commissioner's Signature: Date:



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN COUNTY ADMINISTRATOR

	JOHN TADMINISTRATOR		
RE:	PALM BEACH COUNTY CODE OF	FETHICS	
advisory board memb set forth in the Palm E must be waived by an Commissioners upon advisory board. In the or verify that none exi	contractual relationships between I ers, their employers, or businesses, a Beach County Code of Ethics, Ordin affirmative vote of five (5) members full disclosure at a public meeting in e space provided below, please ident st at this time. The Ordinance (2009) eb at: http://www.pbcgov.com/ethics	are prohibited conflicts ance 2009-051. This con of the Board of County order to accept appointify any such contractual 9-051) and the training	of interest as afflict of interest to an I relationships,
Type of Contract	Which Department/Division	Effective Date	Term
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At this time, I As a (current or pote PBC Code of Ethics Ethics Ordinance.	OR nor my employer have contract(s) with the ntial) advisory board member you and acknowledge that you have r ess the training and/or Ordinance of	e Board of County Commis are required to receive ead and understand the	sioners training on the PBC Code of
NAME: Chalo	Acknowledgment of Receipt www.lulerint of Type		Je
FIRM/COMPANY/O	RGANIZATION: N/19		
ADVISORY BOARD	(S): P C		
I acknowledge that I ha	ave taken the required training; and rea	ad and understand the Pa	lm Beach County

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.

	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 Lovis Charles 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.
٠.	Signature: Date: \(\frac{ 9.15}{\psi} \)
	Please sign and return to Administration in self-addressed envelope provided.

ADVISORY BOARD MEMBERS

ROBERT WEISMAN COUNTY ADMINISTRATOR

TO:

FROM:

AChievement Conter

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 Cou	ıncil
[X] At Large Appointment or	[] District Appointment
Term of Appointment: Years. From:	11-16-10 To: 11-15-13
Seat Requirement: Policy Council Rep	11-16-10 To: 11-15-13 resentative Seat #: 22-R
[]*Reappointment or	New Appointment New Appointment
or [] to complete the term of Completion of term to	Due [] resignation [] other to:
expire on:	
*When a person is being considered for re-appointmen conflicts shall be considered by the Board of County Consumber of previously disclosed voting conflicts	ommissioners.
Part II (to be filled out and signed by Applicant): (Plea APPLICANT, UNLESS EXEMPTED, MU	ase Print) UST BE A COUNTY RESIDENT
Name: Beaubrun	Guilene
Last	First Middle
Occupation/Affiliation: Patient Car	20
Business Name: DIMI NUTSING	Afency
Business Address: 1708 COVPOV	rate Dr'
City & State BOYNTON Beach	FC Zip Code: 33426
Residence Address: 617 S. W. 7 th	Avenue
City & State Home Phone: Cell Phone: Del Yay Beach Busin Fax:	FL. Zip Code: 33444 ess Phone: () Ext.
Email Address:	
Mailing Address preference: [] Business [X] Residen	uce
Have you ever been convicted of a felony: Yes If Yes, state the court, nature of offense, disposition of case	Noe and date:
[] AF (Asian-American Female) [] AM (Asian BF (African-American Female) [] BM (African-American Female) [] HM (Hispolary Employee) [] WF (Caucasian Female) [] WM (Caucasian Female)	
Applicant's Signature:	Date: 9-21-10
Part III (to be filled out by Commissioner):	
Appointment to be made at BCC Meeting on:	
Commissioner's Signature:	Date:



ADVISORY BOARD MEMBERS

TO	0	N/T	_

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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
Yes, submit a was above named co	aiver to the Board of County Commissiontract(s);	oners, since I or my employ	yer have/has the
	OR		
At this time, I no	r my employer have contract(s) with the	Board of County Commis	sioners
		•	
As a (current or potent	ial) advisory board member you a	are required to receive	training on the
PBC Code of Ethics ar	nd acknowledge that you have re	ad and understand th	e PBC Code of
Ethics Ordinance.			
If you are unable access	s the training and/or Ordinance or	n the web, please conta	act Patty Hindle
at (561) 355-3229 for oth	ier arrangemente	ii the web, please conta	act racty minute
at (501) 555-5227 101 0t1	ici ai i angements.		
	Acknowledgment of Receipt		
	Acknowledgment of Receipt		
NAME: (TUI/EN)	F BEAUBRUN		
NAME: <u>(FU] (EN)</u> Pri	E BEAU BRUN nt or Type		
NAME: <u>(FU] / EN /</u> Pri	E BEAU BRUN nt or Type , PBC,	1 / 2	
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FIRM/COMPANY/ORO	GANIZATION: <u>Head Start</u> D: <u>HS/EHS</u> Po		
FIRM/COMPANY/ORO ADVISORY BOARD(S I acknowledge that I have	GANIZATION: Head Start : HS/EHS Poly e taken the required training; and rea	d and understand the Pa	lm Beach County
FIRM/COMPANY/ORO ADVISORY BOARD(S I acknowledge that I have Code of Ethics Ordinance	GANIZATION: Head Start : HS/EHS Police taken the required training; and reade, the provisions of which are effective.	d and understand the Paive May 1, 2010. I under	lm Beach County
FIRM/COMPANY/ORO ADVISORY BOARD(S I acknowledge that I have Code of Ethics Ordinance	GANIZATION: Head Start : HS/EHS Poly e taken the required training; and rea	d and understand the Paive May 1, 2010. I under	lm Beach County

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.

A Chieve ment

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.

Ack	mowledgment of Receipt
NAME: Tulerle	BEAUBRUN
Print or Typ	pe e
ADVISORY BOARD(S):	Pe

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: Central Date: 10/07/10

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.

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: To: 4 EHB Homes Seat Requirement: Reappointment or New Appointment to complete the resignation [] Due other term of 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: Middle Occupation/Affiliation: Business Name: Business Address: City & State Zip Code: Residence Address: City & State Zip Code: Home Phone: Business Phone: Cell Phone: Fax: (561) Email Address: Mailing Address preference: [] Business [Residence Have you ever been convicted of a felony: Yes 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: Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on:

Commissioner's Signature:

Date:



ADVISORY BOARD MEMBERS

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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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
			. ·
Yes, submit a above named	waiver to the Board of County Commission contract(s);	oners, since I or my emplo	yer have/has the
	OR		
At this time, I n	or my employer have contract(s) with the	Board of County Commi	ssioners
at (561) 355-3229 for o	ss the training and/or Ordinance of ther arrangements. Acknowledgment of Receipt	the web, please cont	act ratty finitie
NAME: S	akina Bivins		
	rint or Type		
		NIA	
FIRM/COMPANY/OF	RGANIZATION:	(* [1]	1 / 1
ADVISORY BOARD(s): I fead Start Po	lig Coma	1 Member
I acknowledge that I ha	ve taken the required training; and reac	d and understand the Pa	ılm Beach County
Code of Ethics Ordinan	ce, the provisions of which are effecti	ve May 1, 2010. I und	lerstand that as an
advisory board member	of the above-mentioned board(s) that	I am bound by it.	
Signature:	Date:	9/16/10	
Please sion and return	(<i>/</i> V	, ,	Por 1000 West

Palm Beach, Florida 33402-1989. A self-addressed envelope has been provided for your convenience.

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 pard(s) that I am bound by it.			
Signature: Date:			
Please sign and return to Administration in self-addressed envelope provided.			

Revised 3/15/10

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: 11-15-201
Term of Appointment: Years. From: 11-16-10 To: 11-15-2013 Seat Requirement: PHS Home hase Aller Aller Seat #: 24-A
[]*Reappointment or [x] New Appointment
or $[\ \]$ to complete the term of $[\ \]$ to: Completion of term to expire on: Due $[\ \ \]$ resignation $[\ \]$ other 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: Severe Marie Estherlande Last First Middle
Occupation/Affiliation:
Business Name:
Business Address:
City & State Bounton Beach, FL Zip Code: 33436
Residence Address: 3650 E. Sandpiper Dr # 7,
City & State
Mailing Address preference: [] Business Residence
Have you ever been convicted of a felony: Yes No
Minority Identification Code: [] IF (Native-American Female)
Part III (to be filled out by Commissioner):
Appointment to be made at BCC Meeting on:
Commissioner's Signature: Date:

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public.

Revised 1/2010



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN COUNTY ADMINISTRATOR

RE: PA	LM BEACH COUNTY CODE OF	ETHICS	
advisory board member set forth in the Palm Ber must be waived by an af Commissioners upon ful advisory board. In the so or verify that none exist	ontractual relationships between Ps, their employers, or businesses, and County Code of Ethics, Ordina firmative vote of five (5) members all disclosure at a public meeting in space provided below, please identicat this time. The Ordinance (2009 at: http://www.pbcgov.com/ethics	re prohibited conflicts ince 2009-051. This co of the Board of County order to accept appoin fy any such contractual-051) and the training	of interest as nflict of interest y tment to an l relationships,
Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
	·	·	
	•		
above named co	aiver to the Board of County Commission ontract(s); OR r my employer have contract(s) with the	· ·	
As a (current or notent	ial) advisory board member you a	re required to receive	training on the
PBC Code of Ethics an	id acknowledge that you have re	ad and understand th	e training on the ne PBC Code of
Ethics Ordinance.			
If you are unable access at (561) 355-3229 for oth	s the training and/or Ordinance of ner arrangements.	n the web, please cont	act Patty Hindle
.m	Acknowledgment of Receipt		
NAME: VI QUE	nt or Type		
FIRM/COMPANY/OR	GANIZATION: PBC	175	
ADVISORY BOARD(S	: HS/EHS Polie	/ Council	
I acknowledge that I have	e taken the required training; and rea	'd and understand the Pa	lm Beach County

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.

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: NV

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.

NAME: Mill Sevell
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: Marie Severe Date: 9/22/10

Florence

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. 11-16-10 To: 11-15-13 From: Seat Requirement: Florence Fuller ene Rep. Seat #: 25-R New Appointment []*Reappointment or to complete the [] resignation [] other term of 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 Corso Name: Occupation/Affiliation: SALGS REP / MOTHER Business Name: Business Address: 119 SEL ISLAND LINE City & State Zip Code: BOCK RYTON Greenboor ct, Bocalaton Residence Address: Zip Code: City & State Home Phone: Business Phone: () Cell Phone: Email Address: Mailing Address preference: [] Business [Residence Have you ever been convicted of a felony: Yes 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: 9-12-10 Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature:



ADVISORY BOARD MEMBERS

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H	ĸ	"		•

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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
			
		·	
Yes	, submit a waiver to the Board of County C	Commissioners, since I or n	ny employer
nav	re/has the above named contract(s);		
At this tir	ne, I nor my employer have contract(s) with	h the Board of County Con	nmissioners
As a (current or notant	rial) advisory board momber you one		······································
Code of Ethics and a	tial) advisory board member you are cknowledge that you have read and	<u>required to receive trai</u> I understand the PRC	ning on the PBC Code of Ethics
Ordinance.	July Journal Tour and	understand the TDC	Code or Ethics
If you are unable acces Name Here} at {Insert	ss the training and/or Ordinance on Telephone Number Here} for other	the web, please contact arrangements.	t {Insert Liaison
0	Acknowledgment of Receipt		
NAME:	BK J CONSO		
P	rint or Type		
FIRM/COMPANY/OF	RGANIZATION: PBC H	2	
ADVISORY BOARD(s): HS/EHS Poliey	1 Council	
Code of Ethics Ordinan advisory board member	we taken the required training; and reactions, the provisions of which are effection of the above-mentioned board(s) that I	ve May 1, 2010. I unde am bound by it.	m Beach County
Signature:	Date:	9-22-10	
	this FORM to {Insert Liaison Name		s 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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(Insert Liaison Telephone #) for other arrangements.
Acknowledgment of Receipt
NAME: ROSE J CORSO
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: Date:

Dologic

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Part I (to be filled out by Department):	Please Print)		
Board Name: Head Start/Early Head St	tart Policy Con	ıncil	
[X] At Large Appointment	or	[] District App	ointment
Term of Appointment: Years.	From:	11-16-10	To: _//- /5 - 13
Seat Requirement: Represer	1tative	Apostalio	To: $1/-15-13$ 2 Seat #: $26-R$
[]*Reappointment	or	[] New Appoin	tment
or [] to complete the term of Completion of term to		Due [] to:	resignation [] other
expire on:			
*When a person is being considered for a conflicts shall be considered by the Board Number of previously disclosed when the proviously disclosed when the pr	d of County C voting conflicts oplicant): (Ple	ommissioners. during the previou ase Print)	is term
Name: Plaisir		Marie	Leslix
Last		First	Middle
Occupation/Affiliation:			
Business Name:			
Business Address:			
City & State		Zip Cod	le:
Residence Address: 5100 453	Apt SF	1,	
City & State Home Phone: Cell Phone: Email Address:	Busir	Zip Cooness Phone: (le: 33407) Ext.
Mailing Address preference: [] Busines	ss Resider	nce	
Have you ever been convicted of a felony: If Yes, state the court, nature of offense, dis		No se and date:	
Minority Identification Code: [] IF (Native-American Female) [] AF (Asian-American Female) [] BF (African-American Female) [] HF (Hispanic-American Female) [] WF (Caucasian Female) Applicant's Signature: Part III (to be filled out by Commissione)	[] AM (Asi [] BM (Afr [] HM (Hisp [] WM (Cat	ve-American India an-American Male ican-American Ma panic-American M icasian Male)	e) ale)
Appointment to be made at BCC Meeting of	on:		
Commissioner's Signature:	· · · · · · · · · · · · · · · · · · ·	vj° D	ate:



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

Type of Contract	Which Department/Division	Effective Date	Term
type of Contract	Which Department/Division	Effective Date	Term
, t			
		<u> </u>	
above named co	ontract(s);	· ·	
At this time. I not	my employer have contract(s) with the	Board of County Commis	sioners
	ing employer nave conductor with the	,	
As a (current or potent	ial) advisory board member you :	are required to receive	training on the
PBC Code of Ethics ar	id acknowledge that you have re	ead and understand th	e PBC Code o
Ethics Ordinance.			
If you are unable access	s the training and/or Ordinance o	in the web please conti	act Datty Hindl
at (561) 355-3229 for oth		in the web, please conti	act ratty minus
()	in an angements.		
	A alam arrila dame and a f Danains		
	Acknowledgment of Receipt		
MARIA	Place &		
	Plaisir		
	Plais I rate of Type		
Pri	Plaisir nt or Type	24	
Pri FIRM/COMPANY/ORO	Plaisir nt or Type GANIZATION: PBC 1	ts Council	
Pri FIRM/COMPANY/ORO ADVISORY BOARD(S	Plaisir nt or Type GANIZATION: PBC 1 D: HS/EH Policy		lm Beach Count
Pri FIRM/COMPANY/ORG ADVISORY BOARD(S) I acknowledge that I have Code of Ethics Ordinance	Plaisir nt or Type GANIZATION: PBC F : HS/EH Policy e taken the required training; and rea e, the provisions of which are effect	ad and understand the Pa tive May 1, 2010. I und	
FIRM/COMPANY/ORG ADVISORY BOARD(S) I acknowledge that I have Code of Ethics Ordinance	plaisir nt or Type GANIZATION: LET POLCY etaken the required training; and rea e, the provisions of which are effect of the above-mentioned board(s) that	ad and understand the Pa tive May 1, 2010. I und	

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.

Motolic

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 11-16-10 To: 11-15-13 Term of Appointment: Years. From: []*Reappointment [] New Appointment or to complete the Due [] resignation [] other term of 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 Jenniter Name: Occupation/Affiliation: Business Name: **Business Address:** City & State Zip Code: Residence Address: est Palm Beach, Florida Zip Code: City & State Home Phone: Business Phone: Cell Phone: Email Address: JLATASHIA @ YAHOO. COM Mailing Address preference: [] Business [] Residence Have you ever been convicted of a felony: Yes 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) [] BM (African-American Male) [] HM (Hispanic-American Male)] HF (Hispanic-American Female) WF(Caucasian Female) [] WM (Caucasian Male) _ Date: Usg 27, 2010 Applicant's Signature Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature: Date:



ADVISORY BOARD MEMBERS

FROM:

Signature:

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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
1			
			···
			-
Yes, submit a wa above named co	niver to the Board of County Commission ntract(s);	oners, since I or my emplo	yer have/has the
	OR my employer have contract(s) with the		
If you are unable access at (561) 355-3229 for oth	the training and/or Ordinance o er arrangements.	n the web, please cont	act Patty Hindle
	Acknowledgment of Receipt		
NAME: Lennifer	t or Type		
FIRM/COMPANY/ORO	GANIZATION: PBC H	5	
ADVISORY BOARD(S)	: HS/EHS POl	icy Counc	
Code of Ethics Ordinance	taken the required training; and rea to, the provisions of which are effect of the above-mentioned board(s) that	ive May 1, 2010. I und	lm Beach County erstand that as ar

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Part I (to be filled out by Department): (Please Print) Board Name: Head Start/Early Head Start Policy Council [X] At Large Appointment [] District Appointment or Term of Appointment: Years. From: 11-16-10 To: 11-00-12 Step Above EL Rep. Seat #: 27-R Seat Requirement: []*Reappointment [·] New Appointment or resignation other to complete the Due Madacce Marques to: term of 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: Occupation/Affiliation: Business Name: Business Address: City & State Zip Code: Residence Address: yntonBch Zip Code:

—Business Phone: (3d) 739 City & State Home Phone: Cell Phone: Email Address: Mailing Address preference: [] Business [Residence Have you ever been convicted of a felony: Yes 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) ______ Date: 9-23-10 Applicant's Signature: 7 Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature:__

Date:



ADVISORY BOARD MEMBERS

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ROBERT WEISMAN COUNTY ADMINISTRATOR

RE:	PALM BEACH COUNTY CODE OF	FETHICS		
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				
Type of Contract	Which Department/Division	Effective Date	Term	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Yes, submit	a waiver to the Board of County Commissid contract(s);	oners, since I or my emplo	yer have/has the	

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	
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 Co	— our

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: Mulish Blow Date: 9-25-10

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.

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

HUSSA BYOU Print or Type

HS/EHS Policy Council 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: 9-32-/0

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: 11-16-10 To: 11-02 - 12 Years. From: Seat Requirement: New Appointment []*Reappointment to complete the resignation [] other Due term of 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 Occupation/Affiliation: Business Name: **Business Address:** City & State Zip Code: Residence Address: City & State Home Phone: Business Phone: Cell Phone: Fax: Email Address: Mailing Address preference: [] Business [Residence Have you ever been convicted of a felony: Yes 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)] BM (African-American Male) [] HF (Hispanic-American Female)] HM (Hispanic-American Male) [] WF(Caucasian Female) WM (Caucasian Male) Applicant's Signature: Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature:_

Date:



ADVISORY BOARD MEMBERS

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Signature:

ROBERT WEISMAN

	COUNT	Y ADMINISTRATOR		
RE:	PALM I	BEACH COUNTY CODE OF	ETHICS	
advisory board m set forth in the Pa must be waived by Commissioners up advisory board. I or verify that non	embers, the alm Beach Cy an affirmation full discending the space e exist at the	actual relationships between Peir employers, or businesses, a County Code of Ethics, Ordina ative vote of five (5) members closure at a public meeting in provided below, please identifications. The Ordinance (2009) http://www.pbcgov.com/ethics	re prohibited conflicts nee 2009-051. This confithe Board of Count order to accept appointly any such contractus -051) and the training	of interest as onflict of interest y atment to an all relationships,
Type of Contract	7	Which Department/Division	Effective Date	<u>Term</u>
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4.		· · · · · · · · · · · · · · · · · · ·		
				
Yes. sub	mit a waiver	to the Board of County Commission	oners, since I or my emplo	over have/has the
	amed contrac	et(s);	more, emple	y or may or mas the
At this tin	ne. I nor my e	OR employer have contract(s) with the	Board of County Commi	ssioners
1 1				
PBC Code of Et	hics and ac	idvisory board member you a Eknowledge that you have re	are required to receive ad and understand the	e training on the PBC Code of
Ethics Ordinance	2.			
If you are unable at (561) 355-3229		training and/or Ordinance of crangements.	n the web, please cont	act Patty Hind
	Ack	nowledgment of Receipt		
NAME: MARI	F-FRAG Print or	Type		
FIRM/COMPAN	Y/ORGAN	IZATION: PBC	24	
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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-men lioned board(s) that I am bound by it.

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.

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

ADVISORY BOARD(S): HS / EHS POLICY COUNCI

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: 9/88/2010

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

Revised 3/15/10

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: 8200 To: July 3010
Seat Requirement: Alternate Policy Council Seat #: 31-R
[]*Reappointment or [New Appointment
or [v] to complete the term of Completion of term to expire on: Due [v] resignation [] other [] to complete the term of [] other [] to complete the term of [] other [] The complete the term of [] other [] other [] to complete the term of [] other [] othe
*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 Jayrodd Last First Middle
Occupation/Affiliation: Mandenage
Business Name: HBST Enterprises Inc.
Business Address: 3600 High Ridge Rd st. 12
City & State Boynton But FL zip Code: 33426
Residence Address: 2400 N. Seacrest Blvd
City & State Roynton Bch, FL Zip Code: 33435 Home Phone: (561) 324-6369 Business Phone: (54) 445-2748 Ext. Cell Phone: (561) 432-3693 Fax: () Email Address: (541) 432-3693 Fax: ()
Mailing Address preference: [] Business Residence
Have you ever been convicted of a felony: Yes No
Minority Identification Code: [] IF (Native-American Female)
Part III (to be filled out by Commissioner):
Appointment to be made at BCC Meeting on:

Commissioner's Signature:

Date: _____



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

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Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
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1.0			
Yes, submit a way	aiver to the Board of County Commission	oners, since I or my employ	er have/has the
above named co	OR		
At this time. I not	r my employer have contract(s) with the	Board of County Commis	sioners
110 11110, 11110,	in my employer have contract(s) with the	Doard of County Commis	Sioners
As a (current or potent	ial) advisory board member you a	re required to receive	training on the
PBC Code of Ethics ar	id acknowledge that you have re	ad and understand th	e PBC Code of
Ethics Ordinance.	The state of the s	au and anderstand th	<u>v rbe edde di</u>
If you are unable access at (561) 355-3229 for oth	s the training and/or Ordinance or ner arrangements.	the web, please conta	ict Patty Hindle
	Acknowledgment of Receipt		
NAME:	adore		
NAME:	nt or Type		
	int of Type		
FIRM/COMPANY/ORO	GANIZATION: PBC H	2	
ADVISORY BOARD(S)	: HS/EHS Policy	(Council	
Code of Ethics Ordinance	e taken the required training; and react, the provisions of which are effectiff the above-mentioned board(s) that	ve May 1, 2010. I unde	m Beach County erstand that as an
Signature:	John 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.

	AD VISORT DOARD 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: The Done Print or Type ADVISORY BOARD(S): He He 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: 9/22

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 [] District Appointment or Term of Appointment: Years. From: 11-16-10 To: 11-02-12 Rosa Alt Seat #: 31-Seat Requirement: []*Reappointment [] New Appointment resignation [] to complete the 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 Occupation/Affiliation: Business Name: Business Address: City & State Zip Code: Residence Address: City & State Zip Code: Home Phone: Business Phone: Cell Phone: Fax: Email Address: Mailing Address preference: [] Business Residence Have you ever been convicted of a felony: Yes 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 Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on: Commissioner's Signature: Date:



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN COUNTY ADMINISTRATOR

RE:

Signature:

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

Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
4.			
1			-
Yes, submit a wa above named cor	iver to the Board of County Commissiontract(s);	oners, since I or my emplo	oyer have/has the
	OR		
At this time, I nor	my employer have contract(s) with the	Board of County Commi	ssioners
As a (current or potential PRC Code of Ethics and	al) advisory board member you a d acknowledge that you have re	are required to receive	e training on the
Ethics Ordinance.	u acknowledge that you have re	au anu unucistanu ti	ne PBC Code of
	the training and/or Ordinance of	n the web, please cont	act Patty Hindle
at (561) 355-3229 for oth	er arrangements.		
	Acknowledgment of Receipt		
NAME. Alexandr	a Ritchie		
NAME: Alexandr	it or Type		
		. C	
FIRM/COMPANY/ORG	GANIZATION: PBC H		
ADVISORY BOARD(S)	: HS/EHS Policy	Council	
	taken the required training; and rea		alm Beach County
Code of Ethics Ordinance			
	, the provisions of which are effects	1vc 1v1ay 1, 2010. 1 und	ieistand mat as an

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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: 11-15-13
Term of Appointment: Years. From: 11-16-10 To: 11-15-13 Seat Requirement: WCA Representative Seat #: 32-R
*Reappointment or [1] New Appointment
or [] to complete the term of 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: MINOTT JASETH Last First Middle
Occupation/Affiliation: QuAC.TY
Business Name: AETNA INSURANCE
Business Address:
City & State Zip Code:
Residence Address: 18559 HAMLIN BLVD
City & State LOXAIAT CITE Zip Code: 33470 Home Phone: 660 337 78 66, Business Phone: 60 Ext. Cell Phone: 660 441 2689 Fax: ()
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)
Appointment to be made at BCC Meeting on:
Commissioner's Signature:

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public.

Revised 1/2010



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE:

PALM BEACH COUNTY CODE OF ETHICS

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Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
	-		
Yes	, submit a waiver to the Board of County Cove/has the above named contract(s);	Commissioners, since I or m	y employer
At this tir	OR ne, I nor my employer have contract(s) with	h the Board of County Com	nmissioners
Code of Ethics and a	tial) advisory board member you are cknowledge that you have read and	required to receive train	ning on the PB
Ordinance.	ou have four une	understand the TBC	Code of Ethic
If you are unable acce	ss the training and/or Ordinance on	the web, please contact	{Insert Liaiso
Name Here} at {Insert	Telephone Number Here} for other	arrangements.	
	Acknowledgment of Receipt		
NAME: JASE	TH MINOTT		
P	TH MINOTT rint or Type		
FIRM/COMPANY/OF			
ADVISORY BOARD(s): HS/EHS Poli	ey Counci	
acknowledge that I have Code of Ethics Ordinan	/	/	
dvisory board member	ve taken the required training; and read ce, the provisions of which are effective of the above-mentioned board(s) that I	ve May 1, 2010. I under am bound by it.	n Beach Count estand that as a
Signature:	ve taken the required training; and read	ve May 1, 2010. I under am bound by it.	n Beach Count estand that as a

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:	JASET	H MIN	OTT		
	Print or T	уре	·	:	-
ADVISO	RY BOARD(S):	HS/1=H	s Polie	J Co	unei
		7-7	-1 -	7 -	
I acknow	ledge that I have	e read the State	of Florida Gui	de to the	Sunshin

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 22/10

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

Board Name: <u>Head</u>	Start/Early Head S	Start Policy C	<u>ouncil</u>	
[X] At Large	Appointment	or.	[] District App	ointment
Term of Appointment:	Years.	From:	11-16-10	To: 11-15-13
Seat Requirement:	UCA/Alte	mate		Seat #: 32 P
[]*Reappointr	nent	or	[V] New Appoin	tment
or [] to complet term of Completion of term to expire on:	e the		Due [] to:	resignation [] other
conflicts shall be cons	ing considered for idered by the Boar reviously disclosed v	d of County (Commissioners.	previous disclosed voting
Part II (to be filled ou	t and signed by Ap	oplicant): (Pl	ease Print) (UST BE A COUN)	TY RESIDENT
Name:	2 DALL MARKET	R	honda First	Middle
Occupation/Affiliation:	Substitu	H Teac	•	Δ .
Business Name:	PBCSD		Arc	
Business Address:	W.P.B.		/ Ri	viera Bch.
City & State	1		Zip Cod	e:
Residence Address:	134 Bill	Dao St	reet	
City & State Home Phone: Cell Phone: Email Address:	Poyal Palr 201795 - 9835 201 603 - 3009 4ews@ao1.		Zip Codeness Phone: (56)	e: 334(<u> </u> Ext. 795-6360
Mailing Address prefe	erence: [] Busines	ss Reside	ence	
Have you ever been cor If Yes, state the court, n	nvicted of a felony: nature of offense, dis	Yessposition of car	Nose and date:	· .
Minority Identification [] IF (Native-American) [] AF (Asian-American) BF (African-American) [] HF (Hispanic-American) [] WF (Caucasian Femilian) Applicant's Signature:	an Female) n Female) can Female) ican Female) ale)	[] AM (Ass [] BM (Afs [] HM (Hiss [] WM (Can	ive-American Indianian-American Male) ican-American Mal panic-American Ma Icasian Male)	e)
Part III (to be filled ou				
Appointment to be made		n:		· ·
Commissioner's Signatu	ıre:		Da	te:



ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE:

PALM BEACH COUNTY CODE OF ETHICS

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	Which Department/Division	Effective Date	<u>Term</u>
Yes	s, submit a waiver to the Board of County ve/has the above named contract(s);	Commissioners, since I or r	ny employer
As a (current or potent	me, I nor my employer have contract(s) wittial) advisory board member you are cknowledge that you have read an	required to receive trai	ning on the PRC
or annunce.			
If you are unable acce Name Here} at {Insert	ss the training and/or Ordinance on Telephone Number Here} for other	the web, please contact arrangements.	t {Insert Liaison
Name Here; at {Insert	Acknowledgment of Receipt Tint or Type	the web, please contact arrangements.	t {Insert Liaison
Name Here} at {Insert	Acknowledgment of Receipt rint or Type	the web, please contact arrangements.	t {Insert Liaison
Name Here} at {Insert	Acknowledgment of Receipt rint or Type	the web, please contact arrangements. HS Council	t {Insert Liaison

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

ADVISORY BOARD MEMBERS

FROM:

ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE:

STATE GUIDE TO THE SUNSHINE AMENDMENT &

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Acknowledgment of Receipt

NAME: KNODDA WYDDS Print or Type

HS/EHS Policy council 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: 922110