

Councilmember	Date of Event	Name of Event	Sanctioning Body	Hours	Location	Cost	Confirmation of training hours
Councilmember Bryan Caletka	2/5/2016	The Revised Code of Ethics for Elected Officials	B.C. Inspector General	2	Plantation, FL	\$0	Certificate
	2/5/2016	Broward County Ethics	Town of Davie Legal Dept.	2	Davie, FL	\$0	Certificate
			Total hours	4			
Councilwoman Caryl Hattan	2/5/2016	The Revised Code of Ethics for Elected Officials	B.C. Inspector General	2	Plantation, FL	\$0	Certificate
	2/5/2016	Broward County Ethics	Town of Davie Legal Dept.	2	Davie, FL	\$0	Certificate
			Total hours	4			
Councilwoman Susan Starkey	2/1/2016	FLC Legislative Action Days	Florida League of Cities	4	Tallahassee, FL	\$0	Certificate
	2/5/2016	Broward County Ethics	Town of Davie, Legal Dept.	2	Davie, FL	\$0	Certificate
			Total hours	6			
Mayor Judy Paul	2/5/2016	The Revised Code of Ethics for Elected Officials	B.C. Inspector General	2	Plantation, FL	\$0	Certificate
	2/5/2016	Broward County Ethics	Town of Davie Legal Dept.	2	Davie, FL	\$0	Certificate
							Certificate
			Total hours	4			
Vice Mayor Marlon Luis	11/18/2016	Broward County Ethics	Town of Davie Legal Dept.	4	Davie, FL	\$0	Certificate
						\$0	Certificate
			Total Hours	4			

ANNUAL TRAINING CERTIFICATION FORM
FOR ELECTED OFFICIALS

BROWARD CODE OF ETHICS FOR ELECTED OFFICIALS

NAME OF ELECTED OFFICIAL: Caryl Hattan
TITLE: Councilmember
GOVERNMENTAL ENTITY: Town of Davie
CURRENT TERM BEGAN ON: March 2016
CURRENT TERM EXPIRES ON: Nov 2018
REPORTING PERIOD: CALENDAR YEAR 2016

ALL NEW OFFICIALS CHECK AND COMPLETE IF APPLICABLE:

I CERTIFY that I participated in four (4) hours or more of training in public service ethics, Sunshine law, and public records, within 120 days of taking office and during the reporting period, as follows:
Date(s) of training: 2/5/16 2/5/16
Entity providing training: B.C. Inspector General, TOD-Legal
Amount of training provided: 4 hours total

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

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

I CERTIFY that I took office on or before September 30 of the calendar year being reported and participated in forty (40) minutes or more of training in public service ethics for each full calendar month I was in office during the reporting period, as follows:
Number of full calendar months in office in the calendar year being reported: _____
Date(s) of training: _____
Entity providing training: _____
Total amount of training provided (including any reported above): _____

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

CHECK AND COMPLETE IF APPLICABLE:

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

SIGNATURE OF ELECTED OFFICIAL: Caryl M. Hattan
DATE OF SIGNATURE: 12 / 8 / 2016
Month Day Year

ANNUAL TRAINING CERTIFICATION FORM
FOR ELECTED OFFICIALS

BROWARD CODE OF ETHICS FOR ELECTED OFFICIALS

NAME OF ELECTED OFFICIAL: Bryan Caletka
TITLE: Councilmember
GOVERNMENTAL ENTITY: Town of Davie
CURRENT TERM BEGAN ON: March, 2015
CURRENT TERM EXPIRES ON: November, 2018
REPORTING PERIOD: CALENDAR YEAR 20 16

ALL NEW OFFICIALS CHECK AND COMPLETE IF APPLICABLE:

I CERTIFY that I participated in four (4) hours or more of training in public service ethics, Sunshine law, and public records, within 120 days of taking office and during the reporting period, as follows:
Date(s) of training: 2/5/16 2/5/16
Entity providing training: B.C. Inspector General, TOD - Legal Dept.
Amount of training provided: _____

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

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

I CERTIFY that I took office on or before September 30 of the calendar year being reported and participated in forty (40) minutes or more of training in public service ethics for each full calendar month I was in office during the reporting period, as follows:
Number of full calendar months in office in the calendar year being reported: _____
Date(s) of training: _____
Entity providing training: _____
Total amount of training provided (including any reported above): _____

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

CHECK AND COMPLETE IF APPLICABLE:

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

SIGNATURE OF ELECTED OFFICIAL: B. Caletka

DATE OF SIGNATURE: 12 12, 20 16
Month Day Year

ANNUAL TRAINING CERTIFICATION FORM
FOR ELECTED OFFICIALS

BROWARD CODE OF ETHICS FOR ELECTED OFFICIALS

NAME OF ELECTED OFFICIAL: Judy Paul
TITLE: Mayor
GOVERNMENTAL ENTITY: Town of Davie
CURRENT TERM BEGAN ON: March, 2015
CURRENT TERM EXPIRES ON: November, 2018
REPORTING PERIOD: CALENDAR YEAR 20 16

ALL NEW OFFICIALS CHECK AND COMPLETE IF APPLICABLE:

I CERTIFY that I participated in four (4) hours or more of training in public service ethics, Sunshine law, and public records, within 120 days of taking office and during the reporting period, as follows:
Date(s) of training: 2/5/16 2/5/16
Entity providing training: B.C. Inspector General, TOD-Legal Dept.
Amount of training provided: _____

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

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

I CERTIFY that I took office on or before September 30 of the calendar year being reported and participated in forty (40) minutes or more of training in public service ethics for each full calendar month I was in office during the reporting period, as follows:
Number of full calendar months in office in the calendar year being reported: _____
Date(s) of training: _____
Entity providing training: _____
Total amount of training provided (including any reported above): _____

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

CHECK AND COMPLETE IF APPLICABLE:

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

SIGNATURE OF ELECTED OFFICIAL: Judy Paul

DATE OF SIGNATURE: 12 / 8 / 20 16
Month Day Year

ANNUAL TRAINING CERTIFICATION FORM
FOR ELECTED OFFICIALS

BROWARD CODE OF ETHICS FOR ELECTED OFFICIALS

NAME OF ELECTED OFFICIAL: Susan Starkey
TITLE: Councilmember
GOVERNMENTAL ENTITY: Town of Davie
CURRENT TERM BEGAN ON: March, 2016
CURRENT TERM EXPIRES ON: November, 2018
REPORTING PERIOD: CALENDAR YEAR 2016

ALL NEW OFFICIALS CHECK AND COMPLETE IF APPLICABLE:

I CERTIFY that I participated in four (4) hours or more of training in public service ethics, Sunshine law, and public records, within 120 days of taking office and during the reporting period, as follows:
Date(s) of training: 2/1/16 2/5/16
Entity providing training: Florida League of Cities, TOD-Legal Dept.
Amount of training provided: 4

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

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

I CERTIFY that I took office on or before September 30 of the calendar year being reported and participated in forty (40) minutes or more of training in public service ethics for each full calendar month I was in office during the reporting period, as follows:
Number of full calendar months in office in the calendar year being reported: _____
Date(s) of training: _____
Entity providing training: _____
Total amount of training provided (including any reported above): _____

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

CHECK AND COMPLETE IF APPLICABLE:

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

SIGNATURE OF ELECTED OFFICIAL: _____

DATE OF SIGNATURE: 12 / 16 / 20 16
Month Day Year

ANNUAL TRAINING CERTIFICATION FORM
FOR ELECTED OFFICIALS

BROWARD CODE OF ETHICS FOR ELECTED OFFICIALS

NAME OF ELECTED OFFICIAL: Marlon Luis
TITLE: Vice Mayor
GOVERNMENTAL ENTITY: Town of Davie
CURRENT TERM BEGAN ON: march, 2016
CURRENT TERM EXPIRES ON: November, 2018
REPORTING PERIOD: CALENDAR YEAR 20 16

ALL NEW OFFICIALS CHECK AND COMPLETE IF APPLICABLE:

I CERTIFY that I participated in four (4) hours or more of training in public service ethics, Sunshine law, and public records, within 120 days of taking office and during the reporting period, as follows:
Date(s) of training: 11/18/16
Entity providing training: TOD - Legal Dept.
Amount of training provided: 4

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

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

I CERTIFY that I took office on or before September 30 of the calendar year being reported and participated in forty (40) minutes or more of training in public service ethics for each full calendar month I was in office during the reporting period, as follows:
Number of full calendar months in office in the calendar year being reported: _____
Date(s) of training: _____
Entity providing training: _____
Total amount of training provided (including any reported above): _____

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

CHECK AND COMPLETE IF APPLICABLE:

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

SIGNATURE OF ELECTED OFFICIAL: 

DATE OF SIGNATURE: 12 / 8 / 2016
Month Day Year