

**ANNUAL TRAINING CERTIFICATION FORM**  
**FOR ELECTED OFFICIALS**

**RECEIVED**

JUN 14 2016

**Town Clerk's Office**

**BROWARD CODE OF ETHICS FOR ELECTED OFFICIALS**

**NAME OF ELECTED OFFICIAL:** Jeff Nelson

**TITLE:** Mayor

**GOVERNMENTAL ENTITY:** Town of Southwest Ranches

**CURRENT TERM BEGAN ON:** 11/06/2012

**CURRENT TERM EXPIRES ON:** 11/08/2016

**REPORTING PERIOD:** CALENDAR YEAR 20 15

**ALL NEW OFFICIALS CHECK AND COMPLETE IF APPLICABLE:**

I CERTIFY that I participated in four (4) hours or more of training in public service ethics, Sunshine law, and public records, within 120 days of taking office and during the reporting period, as follows:  
Date(s) of training: \_\_\_\_\_  
Entity providing training: \_\_\_\_\_  
Amount of training provided: \_\_\_\_\_

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

I CERTIFY that I was in office during the entire calendar year being reported and participated in eight (8) hours or more of training in public service ethics during the reporting period, as follows:  
Date(s) of training: 10/07/2015      10/08/2015      11/01/2015      12/09/2015  
Entity providing training: Town of Southwest Ranches  
Amount of training provided: 8 Hours

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:** 06 / 13 / 20  
Month Day Year