

CERTIFICATION OF MEETING ANNUAL TRAINING REQUIREMENT

I hereby certify that I have received a minimum of four hours of training on the topics of Sunshine Law, public records, and public service ethics during the year ending ²⁰²⁴_____.

Date of Training Session	Length of training (in hours)	Training Method
06/06/24	2.00	<input type="checkbox"/> Individual live training <input checked="" type="checkbox"/> Group live training <input type="checkbox"/> Online training <input type="checkbox"/> Watched or listened to recorded material
		<input type="checkbox"/> Individual live training <input type="checkbox"/> Group live training <input type="checkbox"/> Online training <input type="checkbox"/> Watched or listened to recorded material
		<input type="checkbox"/> Individual live training <input type="checkbox"/> Group live training <input type="checkbox"/> Online training <input type="checkbox"/> Watched or listened to recorded material
		<input type="checkbox"/> Individual live training <input type="checkbox"/> Group live training <input type="checkbox"/> Online training <input type="checkbox"/> Watched or listened to recorded material
		<input type="checkbox"/> Individual live training <input type="checkbox"/> Group live training <input type="checkbox"/> Online training <input type="checkbox"/> Watched or listened to recorded material

Signature of Elected Official: _____ 

Date: 6/7/2024 | 10:48 AM EDT

CERTIFICATION OF MEETING ANNUAL TRAINING REQUIREMENT

I hereby certify that I have received a minimum of four hours of training on the topics of Sunshine Law, public records, and public service ethics during the year ending 2024.

Date of Training Session	Length of training (in hours)	Training Method
12-3-24	2	<input type="checkbox"/> Individual live training <input checked="" type="checkbox"/> Group live training <input type="checkbox"/> Online training <input type="checkbox"/> Watched or listened to recorded material
		<input type="checkbox"/> Individual live training <input type="checkbox"/> Group live training <input type="checkbox"/> Online training <input type="checkbox"/> Watched or listened to recorded material
		<input type="checkbox"/> Individual live training <input type="checkbox"/> Group live training <input type="checkbox"/> Online training <input type="checkbox"/> Watched or listened to recorded material
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Signature of Elected Official: _____

Date: _____


 Edmund Malkoon