

**Item # 1-B**

**ADDITIONAL MATERIAL**

**Regular Meeting**

**FEBRUARY 25, 2020**

**SUBMITTED AT THE REQUEST OF**

**COMMISSIONER BARBARA SHARIEF**



# AGENDA ITEM

# #

Meeting Date  
**02/25/2020**

<b>Requested Action</b>	(Identify appropriate Action or Motion, Authority or Requirement for Item and identify the outcome and/or purpose of item.)
<b>MOTION TO APPOINT</b> Keith Abel to the Consumer Protection Board	
<b>Why Action is Necessary:</b> Fills Commissioner Dr. Sharief's vacancy on the Consumer Protection Board	
<b>What Action Accomplishes:</b> Appoints Keith Abel to the Consumer Protection Board	
<b>Is this Action Commission Goal Related?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Is this Action related to the American Recovery and Reinvestment Act of 2009?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Summary Explanation/Background</b>	(The first sentence includes the Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item. Identify how item meets Commission Challenge Goal.)
Fills Commissioner Dr. Barbara Sharief's vacancy on the Consumer Protection Board by submitting Keith Abel for appointment in the category of "registered voter".	
<b>Fiscal Impact/Cost Summary</b>	(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)
None	
<b>Exhibits Attached</b> (copies of original agreements)	(Please number exhibits consecutively.)
Exhibit 1 – County Attorney Memo of Qualification	
<b>Document Control</b>	<b>Commission Action</b>

Authorized Signature	Scheduling
(Signature confirms that required approvals from other agencies have been received – e.g. Purchasing, Budget, Risk Mgmt, Attorney)	County Admin initials
Signature:	Date: <b>Commissioner Dr. Barbara Sharief, District 8 Room 437-C (954) 357-7008</b>
2/14/2020	
Source of additional information: Type Name, Agency, and Phone	

<p>_____ Executed original(s) for permanent record (Number)</p> <p>_____ Executed copies return to: (Number)</p> <p>Other instructions (Include name, agency, and phone)</p>	<p><input type="checkbox"/> APPROVED    <input type="checkbox"/> DENIED</p> <p><input type="checkbox"/> DEFERRED</p> <p>From: _____</p> <p>To: _____</p>
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Andrew J. Meyers  
County Attorney

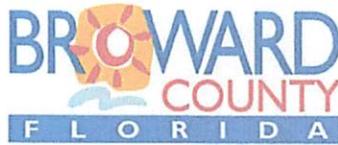


Exhibit 1

OFFICE OF THE COUNTY ATTORNEY  
115 S. Andrews Avenue, Suite 423  
Fort Lauderdale, Florida 33301

954-357-7600 · FAX 954-357-7641

**MEMORANDUM**

**TO:** Commissioner Barbara Sharief

**FROM:** Andrew J. Meyers, County Attorney

**DATE:** February 19, 2020

**RE:** **Keith Abel, Appointment to the Consumer Protection Board in the Category of Registered Voter**  
**CAO File: 99268**

At your request, we have reviewed the information provided concerning Keith Abel and determined that he qualifies for appointment to the Consumer Protection Board in the category of Registered Voter.

  
County Attorney

AJM/KMC/mb