



**CITY OF COOPER CITY  
CITIZENS RESOURCE SHEET**

Please indicate the Board(s) for which you wish to be considered:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> <b>Business Advisory Board</b> | <input type="checkbox"/> <b>General Employees Pension Board</b> | <input type="checkbox"/> <b>Mental Health &amp; Wellness Advisory Board</b> |
| <input type="checkbox"/> <b>Charter Review Board</b>               | <input type="checkbox"/> <b>Green Advisory Board</b>            | <input type="checkbox"/> <b>Recreation Advisory Board</b>                   |
| <input type="checkbox"/> <b>Education Advisory Board</b>           | <input type="checkbox"/> <b>Planning &amp; Zoning Board</b>     | <input type="checkbox"/> <b>Senior Advisory Board</b>                       |
| <input type="checkbox"/> <b>Firefighters Pension Board</b>         | <input type="checkbox"/> <b>Police Pension Board</b>            | <input type="checkbox"/> <b>Royal Palm Ranches Advisory Board</b>           |

Please choose one:

X I wish to be considered by Commissioner Jeremy Katzman (please write in name)

I  wish to be considered by any member of the Commission

Date: May 7, 2024

Name: Christian D. Spano Email Address: cdspano@att.net

Home Address: 2585 Trout Way Cooper City, FL 33026

Cell #: 305-788-9426 Work #: 954-377-0920 Home #: N/A

Length of Residence in Cooper City 11 Years 10 Months

Length of Time as Business Person in Cooper City 7 Years 4 Months

**QUALIFICATIONS:**

Please provide a brief statement outlining why you wish to serve on the applicable boards and/or committees selected. In addition, please attach copy of your resume or vita (optional): \_\_\_\_\_

I am seeking to serve on the Business Advisory Board for Cooper City because I feel that it is important to preserve the aspects of CC that make us "Someplace Special" for business as well as residents.

**Experience in Board Subject:**

Related Work or Civic Affiliation: Centennial Bank / Bus. Dev. Officer / Rotary

College (if appropriate): Club of Davie - Cooper City (Treasurer and President-Elect for 2025-26)

Field of Study: Junior Achievement (Finance Park and BizTown); 29 years in finance (7 as commercial credit analyst)

Other professional or technical training (Name of school, course name, etc.): \_\_\_\_\_  
Gold Coast School of Real Estate; Various FHA/VA and SBA seminars and sessions

**DISCLOSURES:**

1. Are you or any of your relatives presently employed by the City of Cooper City? No If yes, please state names and City departments/divisions: \_\_\_\_\_

2. Are you aware of any potential conflict of interest that may arise from your serving on City of Cooper City boards and committees? NO If yes, please explain: \_\_\_\_\_

3. Do you have any unpaid or delinquent accounts, water bills, etc. owed to the City of Cooper City? No If yes, please list: \_\_\_\_\_

4. If you own property in the City of Cooper City, do you have any pending code violations and/or unpaid code fines related to such property? No If yes, please list: \_\_\_\_\_

5. Is there any other information that you would like to disclose in connection with this application? Yes  
If yes, please do so here: My wife and I love Cooper City. My daughter has only known Cooper City schools (ECES and Pioneer, she starts CCHS next year).

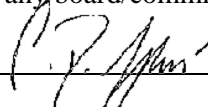
I really enjoy the community outreach on the business side (e.g. business expo, Autism seminar, efforts of the Community Dev. team and would love to support and serve with them).

**Please affirm and acknowledge that you understand and agree to the following (mark each box):**

I understand that in accordance with Florida Sunshine Law, this information becomes public record and may be subject to public review.

If appointed, I agree to faithfully and fully perform the duties of my appointment, will make every endeavor to serve my full term, and will comply with all laws and ordinances of the City of Cooper City, Broward County and the State of Florida, particularly those pertaining to the standards of conduct for public officers and related financial disclosure requirements, if applicable. I further agree to take the applicable statutory oath. I understand that if appointed, I must take the oath of office prescribed in the Florida Statutes.

Misrepresentation of any information or qualifications given on this application may cause automatic removal from any board/committee.

Signature:  Date: 5/7/2024