

**VIRGINIA STATE BAR MCLE BOARD**

707 East Main St. Suite 1500

Richmond, VA 23219-2800

www.vsb.org



**2012 MCLE Form 1  
End of Year Report**

<b>Name:</b> Robert Francis McDonnell	<b>VSB ID Number:</b>	<b>MCLE Deadline</b> December 17, 2012
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**REPORT MUST SHOW A TOTAL OF AT LEAST 12 CLE HOURS INCLUDING 2 ETHICS HOURS AND 4 LIVE HOURS**

<u>Code</u>	<u>Sponsor Name</u>	<u>Course Title</u>	<u>Type</u>	<u>Attend Date</u>	<u>CLE</u>	<u>Ethics</u>	<u>Live</u>
<b>Prior Year Carryover:</b>					0.5	0.5	0.5
CVZ001	Supreme Court of Virginia	2012 Legislative Service	Live	03/01/2012	4.0	0.0	4.0
ATZ010	Office of Attorney General	Ethics in Gov't Represent	PreRecorded	07/05/2012	1.0	1.0	0.0
ATZ011	Office of Attorney General	I Am with the Government	PreRecorded	07/05/2012	1.0	1.0	0.0
ATZ013	Office of Attorney General	Public Choice Theory	PreRecorded	07/25/2012	2.0	0.0	0.0
ATZ018	Office of Attorney General	Role of Lawyers of OAG	PreRecorded	08/06/2012	2.0	0.0	0.0
ATZ017	Office of Attorney General	Ethics of Email	PreRecorded	08/16/2012	1.0	1.0	0.0
ATZ012	Office of Attorney General	Using Economics to Analyz	PreRecorded	09/04/2012	0.5	0.0	0.0
<b>Total:</b>					12.0	3.5	4.5

If this form is correct do not return. Certify attendance at individual courses online where possible or mail this form with attachments.  
 New for 2012 - You must show attendance at a minimum of 4.0 live, interactive hours.  
 Fax and E-mail are not accepted. See instructions on reverse.

*(T) denotes teaching credit.*

Confirm updates and corrections to your MCLE record at [www.vsb.org](http://www.vsb.org)

Seq #: 19,411

**\$100 Non-Compliance Fee assessed for courses attended after October 31, 2012.**  
**\$100 Late Filing Fee for 2012 reports or forms RECEIVED after 4:45 p.m., December 17, 2012.**  
**A \$100 Additional Late Filing fee is owed after February 1, 2013.**

**IMPORTANT INSTRUCTIONS ON REVERSE (See also MCLE Regulation 108)**

As amended above, or as attached, I certify that I have attended and/or carried over at least 12.0 CLE hours including 2.0 Ethics hours and 4.0 Live, Interactive hours of approved continuing legal education courses for compliance with the 2012 MCLE requirement. A materially false statement shall be subject to appropriate disciplinary action.

Robert Francis McDonnell  
 GOVERNOR OF VIRGINIA  
 THIRD FLOOR, PATRICK HENRY BUILDING  
 PO BOX 1475  
 RICHMOND, VA 23218

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Daytime Phone Email Address

Virginia State Bar MCLE Board  
 707 East Main Street, Suite 1500  
 Richmond, VA 23219-2800

2010 MCLE End of Year Report - Robert Francis McDonnell

Carryover from prior year                    0.0                    1.5                    0.0

Code	Sponsor Name	Course Title	Type	Attend Date	CLE	Ethics	Live
ATX013	Office of Attorney General	How to Introduce Typical Trial Exhibits and Use Them Effectively	Video	8/5/2010	2.0		
ATX015	Office of Attorney General	Pleading in the Federal courts After Twombly and Iqbal	Video	7/28/2010	1.0		
ATX014	Office of Attorney General	The fundamentals of Mediation Generally & in the trial & Appellate Levels	Live	10/1/2010	1.5		1.5
CAX019	Commonwealth's Attorneys' Services Council	2010 Annual Summer conference - Revocation Hearings: An Underutilized Oppo	Video	10/6/2010	1.0		
CAX018	Commonwealth's Attorneys' Services Council	2010 Annual Summer Conference: ETHICS	Video	10/8/2010	2.0	2.0	
CAX017	Commonwealth's Attorneys' Services Council	2010 Annual Summer Conference - Issues in Capital Litigation	Video	10/13/2010	2.0		
CAX020	Commonwealth's Attorneys' Services Council	2009 Spring Institute - Prosecuting the Child Abuse Case	Video	10/18/2010	1.0		
CAX016	Commonwealth's Attorneys' Services Council	2010 Annual Summer conference - Supreme Court Update	Video	10/20/2010	2.0		

Total                    12.5                    3.5                    0.0

**VIRGINIA STATE BAR MCLE BOARD**

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Richmond, VA 23219-2800

www.vsb.org



**2011 MCLE Form 1  
End of Year Report**

<b>Name:</b> Robert Francis McDonnell	<b>VSF ID Number:</b>	<b>MCLE Deadline</b> December 15, 2011
<b>MCLE REQUIREMENT: 12 CLE HOURS INCLUDING 2 ETHICS HOURS</b>		

<u>Code</u>	<u>Teaching</u>	<u>Sponsor Name</u>	<u>Course Title</u>	<u>Attend Date</u>	<u>CLE</u>	<u>Ethics</u>
				<b>Prior Year Carryover:</b>	0.5	0.0
NY0205		Office of the Governor	Public Private Partnership	08/31/2011	1.0	0.0
NY0209		Office of the Governor	Litigation Ethics: Courts	08/31/2011	2.0	2.0
NY0206		Office of the Governor	Negotiation Techniques	09/08/2011	2.0	0.0
NY0207		Office of the Governor	Government Contracts	10/24/2011	1.0	0.0
VCY645		Virginia CLE	41st Adv Business Law	10/24/2011	6.0	1.0
<b>Total:</b>					12.5	3.0

If this form is correct do not return. To amend, certify attendance at individual courses online or mail this form with attachments. See instructions on reverse. Fax and e-mail are not accepted.  
See the attached FAQ's about the new requirements for the 2012 compliance year.

Confirm updates and corrections to your MCLE record at [www.vsb.org](http://www.vsb.org)

Seq #: 18,790

**\$100 Non-Compliance Fee assessed for courses attended after October 31, 2011.**  
**\$100 Late Filing Fee for 2011 reports or forms RECEIVED after 4:45 p.m., December 15, 2011.**  
**\*New\* A \$100 Additional Late Filing fee is owed after February 1, 2012.**

**IMPORTANT INSTRUCTIONS ON REVERSE (See also MCLE Regulation 108)**

As amended above, or as attached, I certify that I attended and/or carried over at least 12.0 CLE hours including 2.0 Ethics hours of approved continuing legal education courses for compliance with the 2011 MCLE requirement including any hours to be used as carryover for next year. I understand that a materially false statement shall be subject to appropriate disciplinary action.

Robert Francis McDonnell  
GOVERNOR OF VIRGINIA  
THIRD FLOOR, PATRICK HENRY BUILDING  
PO BOX 1475  
RICHMOND, VA 23218

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email Address

**VIRGINIA STATE BAR MCLE BOARD**

707 East Main St. Suite 1500

Richmond, VA 23219-2800

www.vsb.org



**2009 MCLE Form 1  
End of Year Report**

<b>Name:</b> Robert Francis McDonnell	<b>VSF ID Number:</b> JPO	<b>MCLE Deadline</b> December 15, 2009
<b>MCLE REQUIREMENT: 12 CLE HOURS INCLUDING 2 ETHICS HOURS</b>		

<u>Code</u>	<u>Teaching</u>	<u>Sponsor Name</u>	<u>Course Title</u>	<u>Attend Date</u>	<u>CLE</u>	<u>Ethics</u>
				<b>Prior Year Carryover:</b>	1.5	1.0
ATW008		Office of Attorney General	Va Fraud Against Taxpayer	07/02/2009	3.0	0.5
ATW017		Office of Attorney General	2009 Legislative Session	07/02/2009	1.0	0.0
ATW006		Office of Attorney General	Appellate Training	07/06/2009	2.0	0.0
ATW018		Office of Attorney General	Recent Developments	09/17/2009	1.0	0.0
ATW020		Office of Attorney General	Ethics Overview 2009	09/17/2009	2.0	2.0
ATW019		Office of Attorney General	Domestic & Sexual Violen	10/24/2009	1.5	0.0
<b>Total:</b>					<b>12.0</b>	<b>3.5</b>

PLEASE FOLLOW INSTRUCTIONS ON REVERSE!  
POST YOUR CLE ATTENDANCE AT WWW.VSB.ORG OR MAIL THIS FORM AS INSTRUCTED.  
FAX, E-MAIL OR INDIVIDUALLY MAILED CERTIFICATIONS WILL NOT BE ACCEPTED.

Confirm updates and corrections to your MCLE record at www.vsb.org

Seq #: 22,730

**\$100 Non-Compliance Fee assessed for courses attended after October 31, 2009.**  
**\$100 Late Filing Fee for 2009 reports or forms RECEIVED after 4:45 p.m., December 15, 2009.**

**IMPORTANT INSTRUCTIONS ON REVERSE (See also MCLE Regulation 108)**

As amended above, or as attached, I certify that I attended and/or carried over at least 12.0 CLE hours including 2.0 Ethics hours of approved continuing legal education courses for compliance with the 2009 MCLE requirement including any hours to be used as carryover for next year. I understand that a materially false statement shall be subject to appropriate disciplinary action.

Robert Francis McDonnell  
HUFF, POOLE, & MAHONEY P.C.  
4705 COLUMBUS STREET  
VIRGINIA BEACH, VA 23462

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email Address

# Virginia State Bar

## An agency of the Supreme Court of Virginia

### Mandatory Continuing Legal Education Lookup

Enter a user to search for MCLE.

VSB ID Number:

First 4 Letters of Last Name:

Get MCLE

#### Martin Lee Kent (Active / IGS)

Teaching	Sponsor	Course ID	Course Name	CLE Hours	Ethics Hours	Attend Date
			<b>Carry Over Hours From Prior Year 2009</b>	<b>10.0</b>	<b>2.0</b>	
	Virginia Bar Association	VBX002	15th Annual Administrative Law Conference	1.0	0.0	11-10-2009
	Office of Attorney General	ATX014	The Fundamentals of Mediation Generally, & in the Trial & Appellate Levels	2.0	0.0	05-28-2010
	Commonwealth Attorneys	CAX018	2010 Annual Summer Conference: Ethics	1.0	1.0	10-08-2010
	Commonwealth Attorneys	CAX017	2010 Annual Summer Conference - Issues in Capital Litigation	2.5	0.0	10-13-2010
	Lantagne Legal	NX1137	How to Avoid All OOPS Under the New Rules	1.0	0.0	10-19-2010
	Richmond Bar Association	RBX036	Bench-Bar Conference 2010	3.0	0.0	10-21-2010
			<b>Total Hours For 2010</b>	<b>20.5</b>	<b>3.0</b>	
			<b>Required Hours</b>	<b>12.0</b>	<b>2.0</b>	
			<b>Eligible For CarryOver</b>	<b>8.5</b>	<b>1.0</b>	

\* Hours for this course have been applied to previous CLE year(s) to satisfy compliance

If total is less than 12.0 CLE hours including (2.0) Ethics hours or does not list all coursework taken during the reporting period:

- Submit [Form 2 - Certification of Attendance](#) or [Form 3 - Certification of Teaching](#) for any approved courses not listed
- Submit [Form 4 - Application for Course Approval](#) for any non-accredited course
- Schedule your **MCLE** courses to be attended by **October 31** to avoid the **\$100 Non-Compliance Fee**
- *Whether attended for compliance or carry over credit, you must report your attendance by the MCLE deadline to avoid the **\$100 Late Filing Fee**. - Make checks payable to Treasurer of VA*

Questions? Contact the MCLE office at (804)775-0577 or by email: [mcle@vsb.org](mailto:mcle@vsb.org)

© 1996 - 2008 Virginia State Bar  
707 East Main Street, Suite 1500  
Richmond, Virginia 23219-2800  
(804)775-0500

# Virginia State Bar

## An agency of the Supreme Court of Virginia

### Mandatory Continuing Legal Education Lookup

Enter a user to search for MCLE.

VSB ID Number:

First 4 Letters of Last Name: kent

Get MCLE

#### Martin Lee Kent (Active / IGS)

Teaching	Sponsor	Course ID	Course Name	CLE Hours	Ethics Hours	Attend Date
			<b>Carry Over Hours From Prior Year 2010</b>	<b>8.5</b>	<b>1.0</b>	
	McGuireWoods LLP	JY0712	Lawyer Marketing: An Ethics Guide	1.0	1.0	03-30-2011
	Lorman Education Services	LOY755	How to Use Economic and Financial Forecasts Effectively 04/13/11	1.5	0.0	04-13-2011
	Commonwealth Attorneys'	CAY010	72nd Annual Summer Conference	6.0	2.0	08-05-2011
	Office of the Governor	NY0206	Negotiation Techniques	2.5	0.0	09-06-2011
			<b>Total Hours For 2011</b>	<b>19.5</b>	<b>4.0</b>	
			<b>Required Hours</b>	<b>12.0</b>	<b>2.0</b>	
			<b>Eligible For CarryOver</b>	<b>7.5</b>	<b>2.0</b>	

\* Hours for this course have been applied to previous CLE year(s) to satisfy compliance

If total is less than 12.0 CLE hours including (2.0) Ethics hours or does not list all coursework taken during the reporting period:

- Submit [Form 2 - Certification of Attendance](#) or [Form 3 - Certification of Teaching](#) for any approved courses not listed
- Submit [Form 4 - Application for Course Approval](#) for any non-accredited course
- Schedule your **MCLE** courses to be attended by **October 31** to avoid the **\$100 Non-Compliance Fee**
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# Virginia State Bar

## An agency of the Supreme Court of Virginia

### Mandatory Continuing Legal Education Lookup

Enter a user to search for MCLE.

VSB ID Number:

First 4 Letters of Last Name: kent

Get MCLE

#### Martin Lee Kent (Active / IGS)

Course ID	Sponsor	Course Name	Type	Attend Date	CLE Hours	Ethics Hours	Live Hours
		<b>Carry Over Hours From Prior Year 2011</b>			<b>9.5</b>	<b>2.0</b>	<b>4.0</b>
JZ0879	McGuireWoods LLP	2012 Annual Ethics Program Part 1	LV	04/10/12	2.0	2.0	2.0
NZ1363	Hanover Cty Bar Assoc.	Qualities of an Effective Engineering Expert Witness & Their Uses	LV	06/12/12	1.0	0.0	1.0
CAZ014	Commonwealth Attorneys'	2012 Annual Summer Conference	LV	08/03/12	3.0	3.0	3.0
		<b>Total Hours For 2012</b>			<b>15.5</b>	<b>7.0</b>	<b>10.0</b>
		<b>Required Hours</b>			<b>12.0</b>	<b>2.0</b>	<b>4.0</b>

\* Hours for this course have been applied to previous CLE year(s) to satisfy compliance

(T) denotes teaching credit

Course Types: LV = Live Interactive, PR = Pre-recorded (limited to 8.0 hours per compliance period)

If total is less than 12.0 CLE hours including (2.0) Ethics hours and 4 Live Interactive hours or does not list all coursework taken during the reporting period:

- You may certify your attendance at Virginia approved courses online , or submit your attendance to the MCLE office.
- Submit Form 3 - Certification of Teaching to the MCLE office for processing.
- Submit Form 4 - Application for Course Approval for any non-accredited course
- Schedule your MCLE courses to be attended by **October 31** to avoid the \$100 Non-Compliance Fee
- *Whether attended for compliance or carry over credit, you must report your attendance by the MCLE deadline to avoid the \$100 Late Filing Fee. - Make checks payable to Treasurer of VA*

**Questions?** Contact the MCLE office at (804)775-0577 or by email: [mcle@vsb.org](mailto:mcle@vsb.org)

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 707 East Main Street, Suite 1500  
 Richmond, Virginia 23219-2800  
 (804)775-0500



# Virginia State Bar

*An agency of the Supreme Court of Virginia*

## Member Area

### Martin Lee Kent (Active / IGS)

VSB ID Number: 427

Chief of Staff  
Office of the Governor  
Patrick Henry Building  
Richmond, VA 23219

Phone: (804) 225-4800  
Fax: 804-786-5553

#### MCLE REQUIREMENT

All active members must certify attendance at 12.0 hours of CLE including 2 Ethics hours and 4 Live Interactive hours.  
MCLE Reporting Period (November 1 - October 31).  
See [Frequently Asked Questions](#).

### Mandatory Continuing Legal Education Compliance Report

Course ID	Sponsor	Course Name	Type	Attend Date	CLE Hours	Ethics Hours	Live Hours
		<b>Carry Over Hours From Prior Year 2012</b>			<b>4.5</b>	<b>2.0</b>	<b>4.0</b>
VSAA011	Virginia State Bar	Wills for Heroes	LV	02/12/13	1.5	0.0	1.5
VSAA015	Virginia State Bar	Bar Leaders Institute	LV	03/01/13	1.0	1.0	1.0
VSAA024	Virginia State Bar	Solo & Small Firm Practitioner Forum/Regional Bench-Bar Conference	LV	04/26/13	5.0	3.0	5.0
		<b>Total Hours For 2013</b>			<b>12.0</b>	<b>6.0</b>	<b>11.5</b>
		<b>Required Hours</b>			<b>12.0</b>	<b>2.0</b>	<b>4.0</b>

\* Hours for this course have been applied to previous CLE year(s) to satisfy compliance

(T) denotes teaching credit

Course Types: LV = Live Interactive, PR = Pre-recorded (limited to 8.0 hours per compliance period)

If total is less than 12.0 CLE hours including (2.0) Ethics hours and 4 Live Interactive hours or does not list all coursework taken during the reporting period:

- You may certify your attendance at Virginia approved courses online, or submit your attendance to the MCLE office.
- Submit Form 3 - Certification of Teaching to the MCLE office for processing.
- Submit Form 4 - Application for Course Approval by mail for any non-accredited course
- Schedule your MCLE courses to be attended by **October 31** to avoid the **\$100 Non-Compliance Fee**
- Whether attended for compliance or carry over credit, you must report your attendance by the MCLE deadline to avoid the \$100 Late Filing Fee. - Make checks payable to Treasurer of VA*

Questions? Contact the MCLE office by email: [mcle@vsb.org](mailto:mcle@vsb.org) or at (804)775-0577



Office Hours: Mon.-Fri. 8:15 a.m. to 4:45 p.m. (excluding holidays)  
The Clerk's Office does not accept filings after 4:45 p.m.

COIA/FOIA TRAINING

1/22/10

Attendees

- |                                |             |               |
|--------------------------------|-------------|---------------|
| ✓ Macla                        | ✓ Doug      | ✓ Completed   |
| ✓ Gerard                       | ✓ Lisa      | Form & Return |
| ✓ Bob                          | ✓ Terrie    | to me         |
| Todd (already did course 2008) | ✓ Me        |               |
| Janet                          | ✓ Stephanie |               |

Mary Sue  
Susan  
Kustins

- Melissa Laughner  
 (Eric Finkbeiner)  
 Mike Reynolds  
 Andrew Lemar  
 Matt Bruny  
 Kathleen Shannon  
 Jennifer Worthing

attendees

- |          |           |
|----------|-----------|
| Worthing | Lamar     |
| Bruny    | Burno     |
| Laughner | Matsen    |
| Corbo    | Buchorice |
| Reynolds |           |
| Shannon  |           |

# *Certificate of Completion*

This is to certify that  
***MARTIN KENT***

Has successfully completed the following:  
***Virginia State and Local Conflict of Interests (COI)  
Act Training***

On  
***1/23/2009***

COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

*Sarah Higgins*  
NAME

*Office of the Governor- Executive Mansion*  
AGENCY

*2/19/10*  
Date course completed

*Director of Executive Mansion*  
POSITION

*Sarah Higgins*  
SIGNATURE

*2/19/10*  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

*Stacey Johnson*  
NAME

*Governor*  
AGENCY

*2/19/10*  
Date course completed

*Press Secretary*  
POSITION

*Stacey Johnson*  
SIGNATURE

*2/19/10*  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

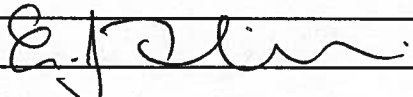
State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

Eric Finkbeiner  
NAME

Governor's Office  
AGENCY

March 15, 2010  
Date course completed

Senior Advisor for Policy  
POSITION

  
SIGNATURE

March 15, 2010  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

*Virginia P. Wortham*  
NAME

*Governor's office*  
AGENCY

*2/5/2010*  
Date course completed

*Special Assistant (legislative/Appointments Review)*  
POSITION

*[Signature]*  
SIGNATURE

*2/5/2010*  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

COURSE CERTIFICATE OF COMPLETION  
STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT  
AND  
ETHICS IN PUBLIC CONTRACTING ORIENTATION  
FOR  
STATE FILERS

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

*Matthew J. Bruning*  
NAME

*Governor's Policy office*  
AGENCY

*2-5-2010*  
Date course completed

*Special Assistant for Legislative Affairs*  
POSITION

*Matthew J. Bruning*  
SIGNATURE

*2-5-2010*  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.



COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

Melissa Laughner  
NAME

Office of the Governor  
AGENCY

2/5/10  
Date course completed

Deputy Director of Policy  
POSITION

M. Laughner  
SIGNATURE

2/5/10  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

MATTHEW M. COZZ  
NAME

OFFICE OF GOVERNOR  
AGENCY

2/5/10  
Date course completed

Deputy Secretary of Health AND Human Resources  
POSITION

*Matthew M. Cozz*  
SIGNATURE

2/5/10  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

*Michael Reynolds*  
NAME

*Governor's Office*  
AGENCY

*05 Feb 10*  
Date course completed

*Deputy Director of Policy*  
POSITION

*M. R. M.*  
SIGNATURE

*05 Feb 10*  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

NAME

AGENCY

Date course completed

POSITION

SIGNATURE

Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

NAME

AGENCY

Date course completed

POSITION

SIGNATURE

Date

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COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

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State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

Stephanie Hamled  
NAME

Office of Gov.  
AGENCY

1/22/2010  
Date course completed

Deputy Counsel  
POSITION

Stephanie Hamled  
SIGNATURE

1/22/2010  
Date

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COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

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State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

*Martin L. Fent*  
NAME

*Office of the Governor*  
AGENCY

*Nov 30, 2010*  
Date course completed

*Chief of Staff*  
POSITION

*Martin L. Fent*  
SIGNATURE

*3-15-2010*  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

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State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

*Robert F. McDonnell*  
NAME

*Office of the Governor*  
AGENCY

*Nov 30, 2009*  
Date course completed

*Governor*  
POSITION

*Robert F. McDonnell*  
SIGNATURE

*March 15, 2010*  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.



*Jucher*

COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

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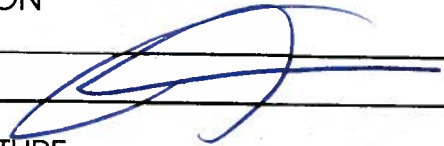
State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

*John Visher MRCAN*  
NAME

*Governor's office*  
AGENCY

*NOV 11, 2009*  
Date course completed

*Dir of Communications*  
POSITION

  
SIGNATURE

*3/16/2010*  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

*The Commonwealth of Virginia*



*This is to certify that*

**JEANNEMARIE DAVIS**

*Has successfully completed the following course:*

**Virginia State and Local Conflict of Interests (COI) Act Training**

**provided by Commonwealth of Virginia**

on 03/04/2010

*The Commonwealth of Virginia  
Knowledge Center*

*The Commonwealth of Virginia*



*This is to certify that*

**KRISTI CRAIG**

*Has successfully completed the following course:*

**Virginia State and Local Conflict of Interests (COI) Act Training**

**provided by Commonwealth of Virginia**

on 03/08/2010

*The Commonwealth of Virginia  
Knowledge Center*

*The Commonwealth of Virginia*



*This is to certify that*

**KELLY SIMPSON**

*Has successfully completed the following course:*

**Virginia State and Local Conflict of Interests (COI) Act Training**

**provided by Commonwealth of Virginia**

on 03/10/2010

*The Commonwealth of Virginia  
Knowledge Center*

COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

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State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

*Jacob Jason Eigo*  
NAME

*Office of the Governor*  
AGENCY

*1/22/10*  
Date course completed

*Counselor and Senior Advisor to the Governor*  
POSITION

*Jacob Jason Eigo*  
SIGNATURE

*1/22/10*  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

# *Certificate of Completion*

This is to certify that  
***MARTIN KENT***

Has successfully completed the following:

***Virginia State and Local Conflict of Interests (COI)  
Act Training***

On  
***5/22/2013***

# *The Commonwealth of Virginia*



*This is to certify that*

**JEFFREY PALMORE**

*Has successfully completed the following course:*

**Virginia State and Local Conflict of Interests (COI) Act Training**

**provided by Commonwealth of Virginia**

on 11/03/2010

*The Commonwealth of  
Knowledge Cen*

COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

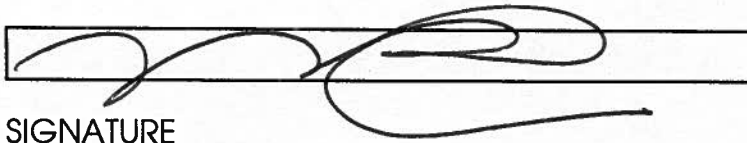
State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

MATT CONRAD  
NAME

OFFICE OF GOVERNOR  
AGENCY

11/22/2011  
Date course completed

DEP. COS  
POSITION

  
SIGNATURE

11/22/2011  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.



COURSE CERTIFICATE OF COMPLETION  
**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT**  
AND  
**ETHICS IN PUBLIC CONTRACTING ORIENTATION**  
FOR  
**STATE FILERS**

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

State & Local Government Conflict of Interests Act and  Ethics in Public Contracting

*Andrew Canar*  
NAME

*Office of the Governor*  
AGENCY

*2/5/10*  
Date course completed

*Special Asst. for Policy Development*  
POSITION

*Andrew Canar*  
SIGNATURE

*2/5/10*  
Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.