## BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMPLOYMENT DISCLOSURE FORM FOR MUNICIPAL ELECTED OFFICIALS

Name of Elected Official: KOW HCD	THCOK	
Calendar year covered by disclosure form:	n: 2016	
Name of outside or concurrent	Remuneration received	Direct employer contributions to
employer	during covered year Please state exact amount or check applicable box	retirement
	Under \$1,000	e any direct emp
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MONE	\$10,001 - \$25,000	□Yes □No
	\$25,001 - \$50,000	If yes, was this amount incuded in the
	\$50,001 - \$100,000	exact remuneration amount or range
	Exact Amount	Tyes No
	Under \$1,000	Did you receive any direct employer
	\$1,000 - \$5,000 \$5,001 - \$10,000	employer during the reporting period?
	\$10,001 - \$25,000	□Yes □No
	\$25,001 - \$50,000	If yes, was this amount incuded in the
	\$50,001 - \$100,000 Over \$100,000	disclosed in the prior column?
	☐ Exact Amount	□Yes □No
	Under \$1,000	ceive any direct empl
	\$1,000 - \$5,000 \$5,001 - \$10,000	employer during the reporting period?
	\$10,001 - \$25,000	☐Yes ☐No
	\$25,001 - \$50,000	If yes, was this amount incuded in the
	\$50,001 - \$100,000	exact remuneration amount or range disclosed in the prior column?
	Exact Amount	□Yes □No
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Signature of Elected Official:	w fur	Date: /R MICH 10, 201/

If this form amends a previously filled form, please check this box