

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

Name of Elected Official: _____

Calendar year covered by disclosure form: _____

Name of outside or concurrent employer	Remuneration received during covered year <small>Please state exact amount or check applicable box</small>	Direct employer contributions to retirement
 	 Under \$1,000 \$1,000 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$100,000 Over \$100,000 Exact Amount _____ 	 Did you receive any direct employer contribution to retirement from this employer during the reporting period? Yes No If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column? Yes No
 	 Under \$1,000 \$1,000 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$100,000 Over \$100,000 Exact Amount _____ 	 Did you receive any direct employer contribution to retirement from this employer during the reporting period? Yes No If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column? Yes No
 	 Under \$1,000 \$1,000 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$100,000 Over \$100,000 Exact Amount _____ 	 Did you receive any direct employer contribution to retirement from this employer during the reporting period? Yes No If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column? Yes No

Signature of Elected Official: *Deise Appleby Howard*

Date: _____

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