

**BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS  
CAMPAIGN FUNDRAISING FOR OTHER CANDIDATES  
DISCLOSURE FORM**

Name of Elected Official: \_\_\_\_\_

Title: \_\_\_\_\_

Governmental Entity Served: \_\_\_\_\_

Name of candidate for whom you are soliciting campaign contributions:  
\_\_\_\_\_

Location and date of any and all associated campaign events (attach other sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and contribution amount of any and all individuals who provided contributions to you, either directly or indirectly, for delivery to the candidate (attach other sheets if necessary):

Name of Contributor	Amount Contributed

Signature of Elected Official: Deise Applegate

Date: \_\_\_\_\_