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

Name of Elected Official:			
Title:			
Covernmental 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 individule directly or indirectly, for delivery to the candidate (a	
Name of Contributor	Amount Contributed		
Signature of Elected Official: Danise HMA	w(