

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: *Daivise Hornlund*

Date: _____