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:	_
Heme of outside or concurrent employer	Remuneration received during covered year Please state exact amount or check applicable box	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	Did you receive any direct employer contribution to retirement from this employer during the reporting period? Yes No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column? Yes No
	Under \$1,000 \$1,000 - \$5,900 \$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 incuded 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 incoded in the exact remuneration amount or large disclosed in the prior column? Yes No
Signature of Elected Official:	Danse-Harland	Date:

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