

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

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

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

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

**Name of the 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:** \_\_\_\_\_

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