

**BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS  
CHARITABLE CONTRIBUTION FUNDRAISING  
DISCLOSURE FORM**

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

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

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

**Name of the charitable organization for which you are soliciting funds:**

\_\_\_\_\_  
\_\_\_\_\_

**Event (if any) for which the funds were solicited, including date of event:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of each individual or entity that promoted the solicitation, if any:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Elected Official:** \_\_\_\_\_

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