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

Name of Elected Official: Howard Berger	
Title:	
Governmental Entity Served: City of Lauderhill	ĸ
Name of the charitable organization for which you are soliciting funds:	
Community Health and Empowerment Network.	
Event (if any) for which the funds were solicited, including date of event:	
Financial Audit and Fiscal Management Workshop on Saturday, July 28, 2018.	
Name of each individual or entity that requested that you engage in the charitable solicita	ation, if any:
Micaelle Titus, Founder and CEO.	
Signature of Elected Official:	
Date: 7/9/2018	