

**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: _____

| Name of outside or concurrent employer | Remuneration received during covered year <small>Please state exact amount or check applicable box</small> | 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 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 included 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 included 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 included in the exact remuneration amount or range disclosed in the prior column? Yes No |

Signature of Elected Official:  _____

Date: _____

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