

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

Name of Elected Official: DEAN TRANTALIS

Title: MAYOR

Governmental Entity Served: CITY OF FORT LAUDERDALE


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

BROWARD PARTNERSHIP FOR THE HOMELESS

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

BREAKFAST FOR CHAMPIONS OF THE HOMELESS

Name of each individual or entity that requested that you engage in the charitable solicitation, if any:

Signature of Elected Official: 

Date: 11/30/18

2018 NOV 30 PM 3:22
CITY CLERK