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

Name of Elected Official: STEVEN GLASSMAN	
Title:COMMISSIONER	30 NON 300
Governmental Entity Served: CITY OF FORT LAUDERDALE	3 1
Name of the charitable organization for which you are soliciting funds:	₩ <b>2</b>
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 solicitati	on, if any:
Signature of Elected Official:  Date: 11/30/18	