BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMPLOYMENT DISCLOSURE FORM FOR MUNICIPAL ELECTED OFFICIALS RECEIVED

Name of Elected Official:	J., Trantalis		JUN 2-7 2019
Calendar year covered by disclosure form: 2018			BY: Am
Name of outside or concurrent employer	Remuneration received during covered year Please state exact amount or check applicable box	Direct employer contributions to retirement	
self employed atterney	☐ 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 incuded 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 contribution to retirement employer during the reporting part of the proof of the proof of the prior column? Did you receive any direct column and you disclosed in the prior column?	from this period?
	☐ 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 contribution to retirement employer during the reporting part of the properties of the proper	from this period?
Signature of Elected Officials If this form amends a previously filled form	plutolis n place check this box	Date: 4/24/1	9