

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

DISCLOSURE FOR	M FOR MUNICIPAL ELECTED OFFICE	ALS JUN 4	202 <b>0</b>
Name of Elected Official:	Tirantalis	100	2020
Calendar year covered by disclosure form: 2019  BY;			
Name of outside or concurrent employer  Self-employed altorney	Remuneration received during covered year Please state exact amount or check applicable box  Under \$1,000 \$1,000 - \$5,000 \$5,001 - \$10,000 \$10,001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$100,000	Direct employer contributions to retirement  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	
	✓ S50,001 - \$100,000 ✓ Over \$100,000 ✓ Exact Amount	disclosed in the prior column?	
	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 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	
Signature of Elected Official:	tluth	Date: 6/23/2020	
If this form amends a previously filled form, please check this box			