RECEIVED CITY CLERK

JUL = 1 2020 BY;

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

| Calendar year covered by disclosure  Name of outside or concurrent | Remuneration received  | Direct employer contributions to  |
|--|--|---|
| employer   | during covered year Please state exact amount or check applicable box  | retirement  |
| NIA  | 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 |
|  | 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:                                     | HO -   | Date: 7/1/20  |