

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

Name of Elected Official: _____

Title: _____

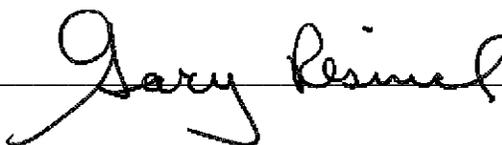
Governmental Entity Served: _____

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

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

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

Signature of Elected Official: _____



Date: _____