

**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 promoted the solicitation, if any:

Signature of Elected Official: _____

Date: _____