

**BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMPLOYMENT
QUARTERLY DISCLOSURE FORM**

Name of Broward County Commissioner: _____

Last day of calendar quarter covered by disclosure form: _____

Name of outside or concurrent employer	Remuneration received during covered quarter Please state exact amount or check applicable box	Direct employer contributions to retirement
	☐ 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 included 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 included 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 included in the exact remuneration amount or range disclosed in the prior column? ☐ Yes ☐ No

Signature of Broward County Commissioner: _____ Date: _____

If this form amends a previously filled form, please check this box ☐