



**BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS
CHARITABLE SOLICITATION DISCLOSURE FORM**

Name of Elected Official: _____

Title: _____

Governmental Entity Served:

List the name of the entity or cause for which, or individual for whom, you engaged in this charitable solicitation:

List the name(s) of any individual(s) who, or entity(ies) that, requested that you engage in this charitable solicitation:

List the name(s) of any governmental staff member(s) who, at your direction or request, assisted with this charitable solicitation:

Aside from any governmental staff member(s) listed above, list any resource(s) of the governmental entity you used in connection with the solicitation (e.g., phones, emails, expenditures of public funds):

☐ *Signature of Elected Official: _____ Date: _____

*If the solicitation disclosed on this form meets the following conditions, please check the box next to your signature: **The entity for which you are soliciting is a 501(c) organization and you serve on a fundraising committee or on the board of directors of such organization and periodically or regularly engage in the solicitation of funds, goods, or services on behalf of the organization.**