BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS
CAMPAIGN FUNDRAISING FOR OTHER CANDIDATES
DISCLOSURE FORM

Name of Elected Official: _____

Title:_____

Governmental Entity Served:_____

Name of the candidate for whom you are soliciting campaign contributions:

_____

Location and date of any and all associated campaign events (attach other sheets if necessary):

_____

_____

Name and contribution amount of any and all individuals who provided contributions to you, either directly or indirectly, for delivery to the candidate (attach other sheets if necessary):

Name of Contributor	Amount Contributed

Signature of Elected Official:_____

Date:_____