

**BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMPLOYMENT  
DISCLOSURE FORM FOR MUNICIPAL ELECTED OFFICIALS**

Name of Elected Official: \_\_\_\_\_

Calendar year covered by disclosure form: \_\_\_\_\_

Name of outside or concurrent employer	Remuneration received during covered year <small>Please state exact amount or check applicable box</small>	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 Elected Official: \_\_\_\_\_

Date: \_\_\_\_\_

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