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

JUN 1 4 2018

Name of Elected Official: Mikkie Belvedere  Calendar year covered by disclosure form: 2,017		CITY OF COCONUT GREEK CITY CLERK DEPARTMENT
Belvedere Insurance and Financial Services	☐ \$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 incuded 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 incuded 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 incuded in the exact remuneration amount or range disclosed in the prior column?  Yes No
Signature of Elected Official:	skie Behieslee	Date: 6/14/2017
If this form amends a previously filled to	form please check this box I I	