

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

Name of Elected Official: Sandra L. Welch

Calendar year covered by disclosure form: 2023

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
N/A	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: Sandra L. Welch

Date: 12/24/2024

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