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

Name of Elected Official: Rebecca A. Tooleg		
Calendar year covered by disclosure form: 2021		
Name of outside or concurrent employer	Remuneration received during covered year Please state exact amount or check applicable box	Direct employer contributions to retirement
NA	☐ 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
	☐ 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: Loca Adoly If this form amends a previously filled form, please check this box		
and term amende a providedly filled form, pleade offect this box		