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

| Name of Elected Official: Repecca A. Tooley  |   |   |
|--|---|---|
| Calendar year covered by disclosure form   | 2.020   | _   |
| Name of outside or concurrent employer   | Remuneration received during covered year Please state exact amount or check applicable box   | 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 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: Pebrua Toology  If this form amends a previously filled form, please check this box |   | Date: 04/28/2021  |