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BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMPLOYMENTUN 2 0 2018 DISCLOSURE FORM FOR MUNICIPAL ELECTED OFFICIALS

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		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