

**BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMPLOYMENT  
QUARTERLY DISCLOSURE FORM**

Name of Broward County Commissioner: \_\_\_\_\_

Last day of calendar quarter covered by disclosure form: \_\_\_\_\_

Name of outside or concurrent employer	Remuneration received during covered quarter <small>Please state exact amount or check applicable box</small>	Direct employer contributions to retirement
	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 Broward County Commissioner: \_\_\_\_\_ Date: \_\_\_\_\_

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