

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

Name of Elected Official: \_\_\_\_\_

Title: \_\_\_\_\_

Governmental Entity Served: \_\_\_\_\_

Name of Outside or Concurrent Employer	Remuneration Received During Prior Year

Signature of Elected Official: \_\_\_\_\_

Date: \_\_\_\_\_

If this form amends a previously-filed form, please check this box