

**BROWARD COUNTY CODE OF ETHICS DISCLOSURE FORM**

**Pompano Beach City Commissioner \_\_\_\_\_**

**CHARITABLE CONTRIBUTION FUNDRAISING**

**Name of the charitable organization: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

**Event for which the funds were solicited (including date):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name(s) of any individual(s) or entity(ies) that promoted the solicitation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Commissioner Signature

**Acknowledgement of Receipt:**

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Date