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

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Calendar year covered by disclosure form: 2019

Name of outsid employer	Name of outside or concurrent employer	Remuneration received during covered year Please state exact amount or check applicable box	Direct employer contributions to retirement
ortex	Vortex Aviation	☐ Under \$1,000 ☐ \$1,000 - \$5,000 ☐ \$5,001 - \$10,000	Did you receive any direct employer contribution to retirement from this employer during the reporting period?
		\$10,001 - \$25,000 \$25,001 - \$50,000	☐Yes XINo If yes, was this amount incuded in the
		\$50,001 - \$100,000 X Over \$100,000	exact remuneration amount or range disclosed in the prior column?
		Exact Amount	□Yes □No
		Under \$1,000 \$1,000 - \$5,000 \$5,001 - \$10,000	Did you receive any direct employer contribution to retirement from this employer during the reporting period?
		\$10,001 - \$25,000 \$25,001 - \$50,000	Yes No If yes, was this amount incuded in the
		\$50,001 - \$100,000	exact remuneration amount or range disclosed in the prior column?
		Exact Amount	□Yes □No
		Under \$1,000 \$1,000 - \$5,000 \$5,001 - \$10,000	Did you receive any direct employer contribution to retirement from this employer during the reporting period?
		\$10,001 - \$25,000	☐Yes ☐No
		\$50,001 - \$100,000	exact remuneration amount or range disclosed in the prior column?
		Exact Amount	

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