BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS CHARITABLE CONTRIBUTION FUNDRAISING DISCLOSURE FORM

Name of Elected Official: DEAN J. TRANTALIS
Title:COMMISSIONER
Governmental Entity Served: FORT LAUDERDALE
Name of the charitable organization for which you are soliciting funds:
BROWARD PARTNERSHIP FOR THE HOMELESS
Event (if any) for which the funds were solicited, including date of event:
BREAKFAST FOR CHAMPIONS - DECEMBER 1, 2017
Name of each individual or entity that requested that you engage in the charitable solicitation, it
BROWARD PARTNERSHIP FOR THE HOMELESS
Signature of Elected Official:
Date: 12/18/17
Date: / → / × /