

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

Name of Elected Official: Commissioner Robert L. McKinzie

Title: Commissioner

Governmental Entity Served: City of Fort Lauderdale

Name of the charitable organization for which you are soliciting funds:

Broward Partnership

Event (if any) for which the funds were solicited, including date of event:

Friday, December 5th, 2014

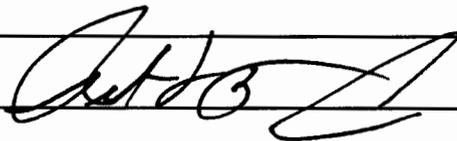
Breakfast for Champions of the Homeless

Name of each individual or entity that promoted the solicitation, if any:

Broward Partnership

Robert McKinzie

Signature of Elected Official:



Date: 12-3-2014

2014 DEC -3 PM 12: 41

CITY CLERK