

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

CITY OF FORT LAUDERDALE

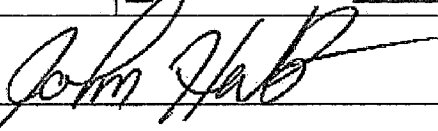
Name of Elected Official: JOHN CHARLES HERBST

2024 JUL 10 PM 1:40

Calendar year covered by disclosure form: 2,023

CITY CLERK'S OFFICE

Name of outside or concurrent employer	Remuneration received during covered year Please state exact amount or check applicable box	Direct employer contributions to retirement
N/A - NO OUTSIDE EMPLOYMENT	☒ Under \$1,000 ☐ \$1,000 - \$5,000 ☐ \$5,001 - \$10,000 ☐ \$10,001 - \$25,000 ☐ \$25,001 - \$50,000 ☐ \$50,001 - \$100,000 ☐ Over \$100,000 ☐ Exact Amount _____	Did you receive any direct employer contribution to retirement from this employer during the reporting period? ☐ Yes ☐ No If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column? ☐ Yes ☐ No
	☐ Under \$1,000 ☐ \$1,000 - \$5,000 ☐ \$5,001 - \$10,000 ☐ \$10,001 - \$25,000 ☐ \$25,001 - \$50,000 ☐ \$50,001 - \$100,000 ☐ Over \$100,000 ☐ Exact Amount _____	Did you receive any direct employer contribution to retirement from this employer during the reporting period? ☐ Yes ☐ No If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column? ☐ Yes ☐ No
	☐ Under \$1,000 ☐ \$1,000 - \$5,000 ☐ \$5,001 - \$10,000 ☐ \$10,001 - \$25,000 ☐ \$25,001 - \$50,000 ☐ \$50,001 - \$100,000 ☐ Over \$100,000 ☐ Exact Amount _____	Did you receive any direct employer contribution to retirement from this employer during the reporting period? ☐ Yes ☐ No If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column? ☐ Yes ☐ No

Signature of Elected Official: 

Date: 06/20/24

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