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

Name of Elected Official: HEATHER MORAITIS

Title: COMMISSIONER

Governmental Entity Served: CITY OF FORT LAUDERDALE

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

HENDERSON BEHAVIORAL HEALTH CENTER

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

GALLERIA MEN OF STYLE - NOVEMBER 29, 2018

Name of each individual or entity that requested that you engage in the charitable solicitation, if any:

Signature of Elected Official:

Date: 11/30/18

2018 DEC -5 PM 1:40

CITY CLERK