

CITY OF MIRAMAR ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMPLOYMENT ANNUAL DISCLOSURE FORM OFFICE OF THE CITY CLERI RECEIVED

Name of City Commissioner: Maxwell B. Cham	Decs 2016 JUN 30 PM 4: 42		PM 1:1.2
ast day of calendar year covered by disclosure form: 12/3//2015		2010 3014 30	111 4- 42

Name of outside or concurrent	Remuneration received during	Direct employer contributions to		
employer	covered year	retirement		
Frankcrum 6 1005, Missouri Ave Cicarwater, Fr. 33765	Please state exact amount or check applicable box 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? Tyes No If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column?		
	☐ 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? Tyes No If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column? Yes No		

Signature : _____ Date: ___

6 30/16

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