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CITY OF MIRAMAR ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMPLOYMENT ANNUAL DISCLOSURE FORM

Name of City Commissioner: Make Last day of calendar year covered by dis	1 - 1	
Name of outside or concurrent employer	Remuneration received during covered year Please state exact amount or check applicable box	Direct employer contributions to retirement
Frankcrum 6 100 S. Missouri Ave Channater, Fli33765	☐ 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 Under \$1,000 \$1,000 - \$5,000	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 Did you receive any direct employer contribution to retirement from this employed during the reporting period?
	\$5,001 - \$10,000 \$10,001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$100,000 Over \$100,000 Exact Amount	Yes No If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column? Yes No
Signature:	Date: <u>1/3/201</u> 7	
If this form amends a previously filled for	m please check this box	

OFFICE OF THE CITY CLERY