

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

Name of Elected Official: LESA PEELMAN

Title: COMMISSIONER

Governmental Entity Served: MARGATE

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

SHIH TZU RESCUE

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

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

None

Signature of Elected Official: Lesia Peelman

Date: 2-2-14