

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

Name of Elected Official: LESA PERLMAN

Title: COMMISSIONER

Governmental Entity Served: MARGATE

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

Margate Mustangs All Star Team 2017

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

Shared donation Page on Facebook

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

Signature of Elected Official: LESA PERLMAN

Date: JUNE 2, 2017