

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

Name of Elected Official: LESA REEKMAN

Title: Commissioner

Governmental Entity Served: MARGATE

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

MARGATE ALL STARS SHOTLANDS

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

FACEBOOK POST GO FUND JULY 2015

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

NONE

Signature of Elected Official: LESA REEKMAN

Date: 7/7/15