

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

Name of Elected Official: Lesa Peerman

Title: Commissioner

Governmental Entity Served: Margate

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

Equality Florida

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

CALA 11/15/15 Host Committee NAME only

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

Equality Florida

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Signature of Elected Official: Lesa Peerman

Date: 11/9/15