

**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:

EQUALITY FLORIDA

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

GALA 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 PERLMAN

Date: 11/9/15