

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

Name of Elected Official: Les Leeman

Title: Commissioner

Governmental Entity Served: MARGATE

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

Fall/Summer Baseball  
Colts

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

Golf Tournament

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

Bought a hole for charity

Signature of Elected Official: Les Le

Date: 10/19/18