

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:

GALA Nov 11, 2018

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

Host Committee

Signature of Elected Official: Lesa Peerman

Date: 10/19/20