

BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS

CAMPAIGN FUNDRAISING FOR OTHER CANDIDATES

DISCLOSURE FORM

Name of Elected Official: Arlene R. Schwartz

Title: CITY COMMISSIONER

Governmental Entity Served: CITY OF MARGATE

Name of candidate for whom you are soliciting campaign contributions:

DEBRA HIXON HAS ASKED FOR MY ENDORSEMENT

Location and date of any and all associated campaign events (attach other sheets if necessary):

Name and contribution amount of any and all individuals who provided contributions to you, either directly or indirectly, for delivery to the candidate (attach other sheets if necessary):

Name of Contributor	Amount Contributed
<u>None</u>	<u>0</u>

Signature of Elected Official: Arlene R. Schwartz

Date: December 31, 2023