

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

Name of Elected Official: Bobby DuRose

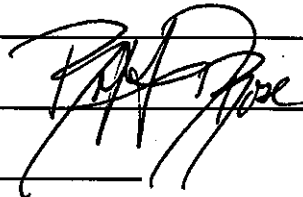
Title: Commissioner

Governmental Entity Served: City of Fort Lauderdale

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

Event (if any) for which the funds were solicited, including date of event:
Stepping Out to Cure Scleroderma 5K Run & Walk
November 3, 2012

Name of each individual or entity that promoted the solicitation, if any:
Scleroderma Foundation & Board

Signature of Elected Official: 

Date: 1/11/13

2013 JAN 11 PM 3:47

CITY CLERK