BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMPLOYMENT DISCLOSURE FORM FOR MUNICIPAL ELECTED OFFICIALS

Name of Elected Official: Margaret H. Brown

Calendar year covered by disclosure form: 2,024

Name of outside or concurrent employer	Remuneration received during covered year Please state exact amount or check applicable box	Direct employer contributions to retirement
Not Applicable/No outside, nor concurrent employment.	☐ Under $1,000 ☐ $1,000 - $5,000 ☐ $5,001 - $10,000 ☐ $10,001 - $25,000 ☐ $25,001 - $50,000 ☐ $50,001 - $100,000 ☐ Over $100,000 ☒ Exact Amount $ 0.00	Did you receive any direct employer contribution to retirement from this employer during the reporting period? ☐ Yes ☒ No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column? ☐ Yes ☒ No
	☐ Under $1,000 ☐ $1,000 - $5,000 ☐ $5,001 - $10,000 ☐ $10,001 - $25,000 ☐ $25,001 - $50,000 ☐ $50,001 - $100,000 ☐ Over $100,000 ☐ Exact Amount _____	Did you receive any direct employer contribution to retirement from this employer during the reporting period? ☐ Yes ☐ No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column? ☐ Yes ☐ No
	☐ Under $1,000 ☐ $1,000 - $5,000 ☐ $5,001 - $10,000 ☐ $10,001 - $25,000 ☐ $25,001 - $50,000 ☐ $50,001 - $100,000 ☐ Over $100,000 ☐ Exact Amount _____	Did you receive any direct employer contribution to retirement from this employer during the reporting period? ☐ Yes ☐ No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column? ☐ Yes ☐ No

Signature of Elected Official: Margaret H. Brown Date: 06.27.25

If this form amends a previously filled form, please check this box ☐