



**Campaign Fundraising for  
Other Candidates  
(Broward County Code of Ethics)**



Date: \_\_\_\_\_

Town Commissioner: \_\_\_\_\_

(Print)

Name of the candidate for which you  
are soliciting campaign contributions (print): \_\_\_\_\_

Location and date of any and all associated campaign events: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) and contribution amount(s) of an individual(s) who provided contributions to you,  
either directly or indirectly, for delivery to the candidate:

<u>NAME OF CONTRIBUTOR</u>	<u>AMOUNT OF CONTRIBUTION</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Commissioner Signature



Acknowledgement of Receipt:

\_\_\_\_\_  
Town Clerk

\_\_\_\_\_  
Date