

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

Name of Elected Official: CLAUDETTE BRUCK

Title: Commissioner

Governmental Entity Served: Coral Springs

Name of the charitable organization for which you are soliciting funds:
BROWARD PARTNERSHIP FOR THE
Homeless

Event (if any) for which the funds were solicited, including date of event:
9-27-13 5th ANNUAL GOLFASHOP, FT LAUD COUNTY CLUB

Name of each individual or entity that promoted the solicitation, if any:
BROWARD PARTNERSHIP FOR THE Homeless

Signature of Elected Official: Claudette Bruck

Date: 12-5-13