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

Name of Elected Official: JOY LYNN CARTER

Title: CORAL SPRINGS CITY COMMISSIONER, SEAT 5

Governmental Entity Served: CITY OF CORAL SPRINGS

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

SAWGRASS NATURE CENTER

Event (if any) for which the funds were solicited, including date of event:

GIVING TUESDAY

Name of each individual or entity that requested that you engage in the charitable solicitation, if any:

Robin Reci'sna

Signature of Elected Official: [Signature]

Date: 3/5/20