

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

Name of Elected Official: Joy Lynn Carter

Title: CITY COMMISSIONER

Governmental Entity Served: CITY OF CORAL SPRINGS

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

Event (if any) for which the funds were solicited, including date of event:
MEMBERSHIP CARD & HEALTH FAIR
OCT. 21, 2015

Name of each individual or entity that promoted the solicitation, if any:
JOY CARTER

Signature of Elected Official: 

Date: 8/27/15