

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:


Pumpkin TACO
(not a 501(c)3)

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

Fundraiser for Dog Surgery
7/16/16

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

Mindi Rudan

Signature of Elected Official: 

Date: 7/12/16