

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

Name of Elected Official: Joy Lynn Carter

Title: City Commissioner, Seat 5

Governmental Entity Served: City of Coral Springs Florida

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:

*19th Annual Benefit Gala
SAWGRASS SUNSETS
NOV 12, 2016*

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

Alan Rose, Ex Director

Signature of Elected Official: 

Date: 10/3/16