

**BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMPLOYMENT  
DISCLOSURE FORM FOR MUNICIPAL ELECTED OFFICIALS**

Name of Elected Official: FRANK B TALENCO

Calendar year covered by disclosure form: 2015

| Name of outside or concurrent employer | Remuneration received during covered year<br><small>Please state exact amount or check applicable box</small>   | Direct employer contributions to retirement  |
|--|---|--|
| South Florida ENT Associates           | <input type="checkbox"/> Under \$1,000<br><input type="checkbox"/> \$1,000 - \$5,000<br><input type="checkbox"/> \$5,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$25,000<br><input type="checkbox"/> \$25,001 - \$50,000<br><input checked="" type="checkbox"/> \$50,001 - \$100,000<br><input type="checkbox"/> Over \$100,000<br><input type="checkbox"/> Exact Amount _____ | Did you receive any direct employer contribution to retirement from this employer during the reporting period?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | <input type="checkbox"/> Under \$1,000<br><input type="checkbox"/> \$1,000 - \$5,000<br><input type="checkbox"/> \$5,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$25,000<br><input type="checkbox"/> \$25,001 - \$50,000<br><input type="checkbox"/> \$50,001 - \$100,000<br><input type="checkbox"/> Over \$100,000<br><input type="checkbox"/> Exact Amount _____            | Did you receive any direct employer contribution to retirement from this employer during the reporting period?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |
|  | <input type="checkbox"/> Under \$1,000<br><input type="checkbox"/> \$1,000 - \$5,000<br><input type="checkbox"/> \$5,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$25,000<br><input type="checkbox"/> \$25,001 - \$50,000<br><input type="checkbox"/> \$50,001 - \$100,000<br><input type="checkbox"/> Over \$100,000<br><input type="checkbox"/> Exact Amount _____            | Did you receive any direct employer contribution to retirement from this employer during the reporting period?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |

Signature of Elected Official: 

Date: 6/15/2016

If this form amends a previously filled form, please check this box