

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

Name of Elected Official: Arlene R. Schwartz

Calendar year covered by disclosure form: 2017

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

Signature of Elected Official: Arlene R. Schwartz

Date: 5/4/2018

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