

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

Name of Elected Official: BEN PRESTON

Calendar year covered by disclosure form: 2019

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
PRESTON STUDENT ATHLETE SERVICES INC	<input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000 - \$5,000 <input type="checkbox"/> \$5,001 - \$10,000 <input checked="" 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 _____	Did you receive any direct employer contribution to retirement from this employer during the reporting period? <input type="checkbox"/> Yes <input checked="" 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
FLORIDA CPR/ FIRST AID	<input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000 - \$5,000 <input checked="" 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 _____	Did you receive any direct employer contribution to retirement from this employer during the reporting period? <input type="checkbox"/> Yes <input checked="" 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
CITY OF DEERFIELD BEACH RECEIVED DEC 1 2019 CITY CLERK'S OFFICE	<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 _____	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

Signature of Elected Official: 

Date: 12-3-19

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