


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

Name of Elected Official: Todd Drosky

Calendar year covered by disclosure form: 2,019

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
Frenkel Lambert Weiss Weisman & Gordon, LLP	<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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CITY OF DEERFIELD BEACH RECEIVED	<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
DEC 4 2019 CITY CLERK'S OFFICE	<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 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: 12/03/2019

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

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

Name of Elected Official: TODD DROSKY

Calendar year covered by disclosure form: 2018

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><i>Frenkel Lambert Weiss Weissman + Gordon, LLP</i></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 checked="" 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?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p align="center"><b>CITY OF DEERFIELD BEACH RECEIVED</b></p> <p align="center">APR 3 2019</p> <p align="center"><b>CITY CLERK'S OFFICE</b></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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Signature of Elected Official: 

Date: 4-2-19

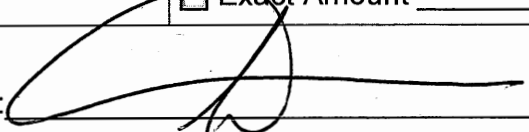
If this form amends a previously filled form, please check this box

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

Name of Elected Official: TODD DRASKY

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><i>Frenkel Lambert Weiss Weisman &amp; Gordon LLP</i></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 checked="" 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?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Signature of Elected Official: 

Date: 12-7-17

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