

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

Name of Elected Official: Jason Toffe

Calendar year covered by disclosure form: 2016

| Name of outside or concurrent employer | Remuneration received during covered year<br>Please state exact amount or check applicable box  | Direct employer contributions to retirement   |
|--|---|---|
| <i>Square Pattern<br/>Business LLC</i> | <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 checked="" type="checkbox"/> Over \$100,000<br><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>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<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 _____            | <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: 6/8/17

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