

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

Name of Elected Official: Michael S. Long

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
<u>Brauer Partnership</u>	<input type="checkbox"/> Under \$1,000	Did you receive any direct employer contribution to retirement from this employer during the reporting period?
	<input type="checkbox"/> \$1,000 - \$5,000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> \$5,001 - \$10,000	If yes, was this amount included in the exact remuneration amount or range disclosed in the prior column?
	<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 _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	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	
	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	
	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	
	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: Michael S. Long

Date: June 26, 2018

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