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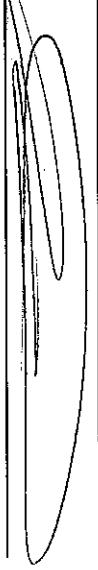## DISCLOSURE FORM FOR MUNICIPAL ELECTED OFFICIALS

Name of Elected Official: _Kyle DeRusha_

Calendar year covered by disclosure form: _2020_

Name of outside or concurrent employer	Remuneration received during covered year Please state exact amount or check applicable box	Direct employer contributions to retirement
Broward Sheriff Office Fire / Rescue	☐ Under $1,000 ☐ $1,000 - $5,000 ☐ $5,001 - $10,000 ☐ $10,001 - $25,000 ☐ $25,001 - $50,000 ☐ $50,001 - $100,000 ☒ Over $100,000 ☐ Exact Amount _____	Did you receive any direct employer contribution to retirement from this employer during the reporting period? ☒Yes ☐No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column? ☒Yes ☐No
	☐ Under $1,000 ☐ $1,000 - $5,000 ☐ $5,001 - $10,000 ☐ $10,001 - $25,000 ☐ $25,001 - $50,000 ☐ $50,001 - $100,000 ☐ Over $100,000 ☐ Exact Amount _____	Did you receive any direct employer contribution to retirement from this employer during the reporting period? ☐Yes ☐No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column? ☐Yes ☐No
	☐ Under $1,000 ☐ $1,000 - $5,000 ☐ $5,001 - $10,000 ☐ $10,001 - $25,000 ☐ $25,001 - $50,000 ☐ $50,001 - $100,000 ☐ Over $100,000 ☐ Exact Amount _____	Did you receive any direct employer contribution to retirement from this employer during the reporting period? ☐Yes ☐No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column? ☐Yes ☐No

Signature of Elected Official: _[signature]_ Date: _6-10-21_

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