

**BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS CHARITABLE CONTRIBUTION
FUNDRAISING DISCLOSURE FORM**

Name of Elected Official: Lorenzo Wood

Title: ~~Vice Mayor~~ Commissioner

Governmental Entity Served: City of North Lauderdale

Name of the charitable organization for which you are soliciting funds:

Upchurch Management D/B/A McDonalds
Calvary Chapel of North Lauderdale
Publix Super Markets Corporate Office

Event (if any) for which the funds were solicited, including date of event:

Sickle Cell 5K Run/Walkathon Fundraiser at Hampton Pines Park, North Lauderdale, FL. 33068 on November 9, 2019.

Name of each individual or entity that requested that you engage in the charitable solicitation, if any:

Sickle Cell Disease Association of Broward County.

Signature of Elected Official: City Commissioner District A.

Date: 11/1/19

November		2019				
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30