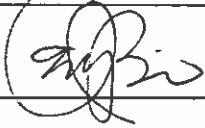


**BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMI
DISCLOSURE FORM FOR MUNICIPAL ELECTED OFFICIALS**

Name of Elected Official: Samson Borgelin

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 cont retirement
<p>MAHCS MultiCultural Alliance Health Care Solutions Inc</p>	<input type="checkbox"/> Under \$1,000 <input checked="" 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 contribution to retire employer during the repr</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, was this amount in exact remuneration amo disclosed in the prior col</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Grace Evangelical Church</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 contribution to retire employer during the repr</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, was this amount in exact remuneration amo disclosed in the prior col</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Family Center International Academy</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 contribution to retire employer during the repr</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, was this amount in exact remuneration amo disclosed in the prior col</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Signature of Elected Official: 

Date: 6/1

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