

BROWARD COUNTY CODE OF ETHICS DISCLOSURE FORM

Cooper City Commissioner **Lisa Mallozzi**

OUTSIDE/CONCURRENT EMPLOYMENT

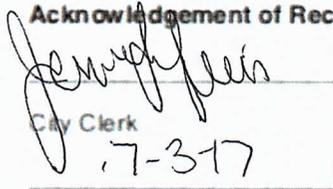
(For an Annual Period beginning _____ and ending _____)

Name of Outside or Concurrent Employer/Employment (Please include both the name of employer and position held)	Remuneration or Payment Amounts Received in Prior Year
N/A	N/A



Signature

Acknowledgement of Receipt:



City Clerk

Date

7-3-17

07-03-17A08:41 RCVD