

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CARLGINA DELIARD

Name

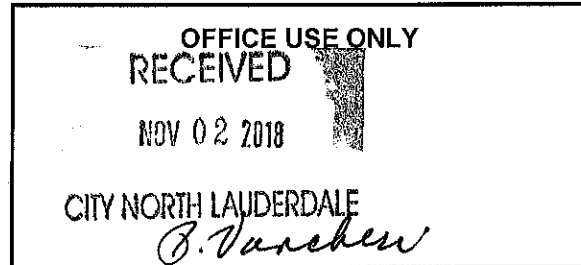
(2) 6824 BROADMOOR

Address (number and street)

NORTH LAUDERDALE, FL 33068

City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: NORTH LAUDERDALE COMMISSIONER SEAT A

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 20 / 18 To 11 / 01 / 18 Report Type: G7

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 300.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 300.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 373.44

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 373.44

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 5 , 865.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 5 , 420.85

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) SHARON SYLHOMME

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Sharon Sylhomme
Signature

(Type name) CARLGINA DELIARD

Candidate Chairperson (only for PC and PTY)

X Carlgina Deliard
Signature

(Handwritten mark)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CARLGINA DELIARD

(2) I.D. Number G7

(3) Cover Period 10 / 20 / 18 through 11 / 01 / 18

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10 / 22 / 18 1	WALL MART 7900 W MCNAB RD NORTH LAUDERDALE, FL 33068	SUPPLIES	MON		14.65
10 / 23 / 18 2	VISTA PRINT 95 HAYDEN AVE LEXINGTON, MA, 02421	T-SHIRTS	MON		278.99
10 / 24 / 18 3	RACE TRACK 7350 W MCNAB RD NORTH LAUDERDALE, FL 33068	TRANSPORTATION	MON		59.80
10 / 25 / 18 4	7 ELEVEN 8201 N PINE ISLAND ROAD TAMARRAC, FL 33321	TRANSPORTATION	MON		20.00

CP

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CARLGINA DELIARD (2) I.D. Number G7

(3) Cover Period 10 / 20 / 18 through 11 / 01 / 18 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
10 / 25 / 18 1	CARLGINA DELIARD 6824 BROADMOOR NORTH LAUDERDALE, FL 33168	S	CANDIDATE	LOA			150.00
10 / 26 / 18 2	DELIARD, ELSCHAMMA 6824 BROADMOOR NORTH LAUDERDALE, FL 33168	I	HOUSEWIFE	CHE			150.00
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(UP)