

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CARLGINA DELIARD  
 Name  
 (2) 6824 BROADMOOR  
 Address (number and street)  
NORTH LAUDERDALE, FL 33068  
 City, State, Zip Code

OFFICE USE ONLY  
**RECEIVED**  
 SEP 10 2018  
 CITY OF NORTH LAUDERDALE  
*J. Vancheri, City Clerk*

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 08 / 01 / 18 To 08 / 31 / 18 Report Type: M8 2018

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 61 . 51

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 61 . 51

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 2 , 410 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 2 , 302 . 55

### (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

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CARLGINA DELIARD

(2) I.D. Number M8

(3) Cover Period 08 / 01 / 18 through 08 / 31 / 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					
08 / 01 / 18  1	BANK OF AMERICA PO BOX 15284 WILMINGTON, DE 19850	FEEES	MON		17.00
08 / 03 / 18  2	OFFICE DEPOT 651 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	SUPPLIES	MON		44.51
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