

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CARLGINA DELIARD

Name

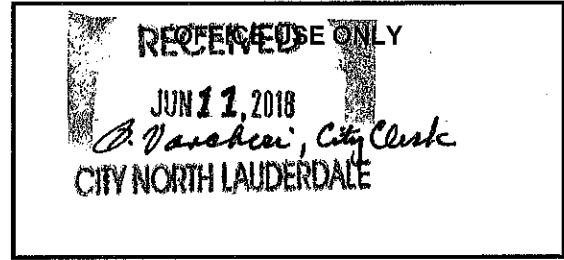
(2) 6824 BROADMOOR

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 05 / 01 / 18 To 05 / 31 / 18 Report Type: 2018 M5 <sup>CP</sup>

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 50.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 500.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 550.00

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 275.00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 573.40 <sup>CP</sup>

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

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 650.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 599.40 <sup>CP</sup>

### (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 [Signature]  
Signature

(Type name) CARLGINA DELIARD

Candidate  Chairperson (only for PC and PTY)

X [Signature]  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CARLGINA DELIARD

(2) I.D. Number M5

(3) Cover Period 05 / 01 / 18 through 05 / 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					
07 / 07 / 18  1	SINAL CONSULTING GROUP, LLC 18800 NW 2ND AVE, SUITE 221 MIAMI GARDENS, FL 33169	CAMPAIGN CONSULTANT	MON		500.00
05 / 18 / 18  2	PAYPAL 2211 NORTH FIRST STREET SAN JOSE, CA 95131	ONLINE ACCOUNT SET UP	MON		.29
05 / 21 / 18  3	OFFICE MAX 910 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	SUPPLIES	MON		73.11

CP

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CARLGINA DELIARD (2) I.D. Number M5

(3) Cover Period 05 / 01 / 18 through 05 / 31 / 18 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8)		(9)	(10)	(11)	(12)
			Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
05 / 04 / 18	1	DELIARD, CARLGINA 6824 BROADMOOR NORTH LAUDERDALE, FL 33068	S	LOA	LOAN			500.00
05 / 09 / 18	2	GUERLY PLANTE 5521 SW 3RD CT PLANTATION, FL 33317	I	PHARMACY TEC	CHE			50.00
05 / 09 / 18	3	CHINAMAN CUSTOM PRINT SHOP 3676 W OAKLAND PK BLVD LAUDERDALE LAKES, FL 33311	B	PRINTING	INK	PALM CARDS		275.00
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/ /								
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/ /								

(14)