

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CARLGINA DELIARD

Name

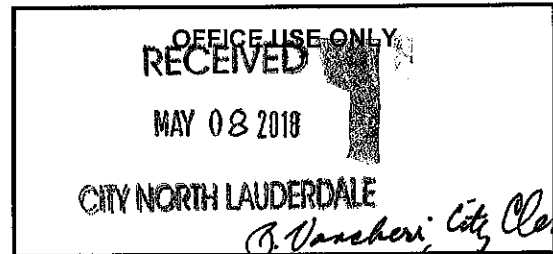
(2) 6824 BROADMOOR

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 04 / 01 / 18 To 04 / 30 / 18 Report Type: M4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 100.00

Total Monetary \$ _____ , _____ , 100.00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 26.00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 26.00

(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

(Type name) CARLGINA DELIARD

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CARLGINA DELIARD

(2) I.D. Number M4

(3) Cover Period 04 / 01 / 18 through 04 / 30 / 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					
04 / 26 / 18	BANK OF AMERICA 5900 ROCK ISLAND ROAD TAMARAC, FL 33319	CHECK BOOK FEE	MON		26.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CARLGINA DELIARD (2) I.D. Number M4

(3) Cover Period 04 / 01 / 18 through 04 / 30 / 18 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
04 / 17 / 18	DELIARD, CARLGINA 6824 BROADMOOR NORTH LAUDERDALE, FL 33068	S	LOA	LOAN			100.00
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