

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

2021 SEP 28 PM 4: 50

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

AUDE M. L. SICARD

3. Address (include post office box or street, city, state, zip code)

60 NW 161st Avenue

4. Telephone

(786) 251-5957

5. E-mail address

asicard100@gmail

Pembroke Pines FL 33028

6. Office sought (include district, circuit, group number)

Broward County Commission District 8

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation Democratic Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

AUDE M. L. SICARD

11. Mailing Address

60 NW 161 Ave

12. Telephone

(786) 251-5957

13. City

Pembroke Pines

14. County

Broward

15. State

FL

16. Zip Code

33028

17. E-mail address

asicard100@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Wells Fargo

20. Address

15759 Pines Blvd.

21. City

Pembroke Pines

22. County

Broward

23. State

FL

24. Zip Code

33027

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

9/28/21

26. Signature of Candidate

X Aude M. Sicard

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Aude M. Sicard, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

9/28/21
Date

X Aude M. Sicard
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, AUDE M-L SICARD,
candidate for the office of Broward County Commission District 8
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Aude M-L Sicard
Signature of Candidate

9/28/21
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).