

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

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

(PLEASE PRINT OR TYPE)

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

2022 JUN 13 PM 5:06

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

*Amended*

**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 MARIE LOURDES SICARD**

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

P.O. BOX 25971  
TAMARAC, FL 33351

**4. Telephone**

( 786 ) 251-5957

**5. E-mail address**

aude4broward@gmail.com

**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     DEMOCRAT 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**

**8120 SW 4TH COURT**

**12. Telephone**

*(786) 251-5957*

**13. City**

**NORTH LAUDERDALE**

**14. County**

**BROWARD**

**15. State**

**FL**

**16. Zip Code**

**33068**

**17. E-mail address**

**asicard10@gmail.com**

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

**WELLS FARGO**

**20. Address**

**17199 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**

*June 13, 2022*

**26. Signature of Candidate**

**X** *Aude M.L. Sicard*

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

I, AUDE M.L. SICARD, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

*6/13/22*

Date

**X**

*Aude M.L. Sicard*

Signature of Campaign Treasurer or Deputy Treasurer