

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

2022 JUN 13 PM 5:06

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

**Candidate Oath**

(Section 99.021(1)(a), Florida Statutes)

I, AUDE MARIE LOURDES SICARD,  
(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box  (see page 2 - Compound Last Names). No change can be made after the end of qualifying.)

am a candidate for the office of Broward County Commission, 8, \_\_\_\_\_,  
(Office) (District #) (Circuit #)  
\_\_\_\_\_ ; my legal residence is Broward County, Florida; I am a qualified elector  
(Group or Seat #)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

**Statement of Party**

(Section 99.021(1)(b), Florida Statutes)

I am a member of the Democratic Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

Candidate's Florida Voter Registration Number (located on your voter information card): 101720897

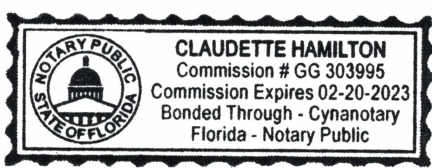
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form):

X Aude Marie Sicard (786) 251-5957 asicardio@gmail.com  
Signature of Candidate Telephone Number Email Address  
8120 SW 4<sup>th</sup> Court N. Lauderdale FL 33068  
Address City State ZIP Code

STATE OF FLORIDA  
COUNTY OF BROWARD

Claudette Hamilton  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence   
this 13 day of June, 2022.  
Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_



**OF FINANCIAL INTERESTS**

Please print or type your name, mailing address, agency name, and position below:

**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

SICARD, AUDE M.L.

MAILING ADDRESS:

60 NW 161st AVENUE

CITY :

PEMBROKE PINES

ZIP :

FL

COUNTY :

33028

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

BROWARD COUNTY COMMISSION DISTRICT 8

CHECK IF THIS IS A FILING BY A CANDIDATE

2022 JUN 13 PM 5:06

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2020 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JUNE, 20 22 was \$ 600,000.00.

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ \_\_\_\_\_

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
painting, art, jewelry, furnishing, electronics, household items	\$50,000.00
car,	\$25,000.00
House/Home	\$650,000.00
<b>TOTAL</b>	<b>\$725,000.00</b>

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage RUSHMORE LOAN MANAGEMENT	\$70,000.00
Student Loans	\$45,000.00
Car Loan ALLY AUTO	\$10,000.00
<b>TOTAL</b>	<b>\$125,000.00</b>

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2020 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2020 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Florida Retirement Services (FRS)		\$2655.76/MONTH
Social Security		\$2020.00/MONTH

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	WOMEN ALLIANCE OF M		
ADDRESS OF BUSINESS ENTITY	60 NW 161st AVENUE, PEM		
PRINCIPAL BUSINESS ACTIVITY	NON PROFIT ADVOCACY		
POSITION HELD WITH ENTITY	PRESIDENT		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NOT A PAID POSITION		
NATURE OF MY OWNERSHIP INTEREST	COMMUNITY SERVICE		

**PART F - TRAINING**

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF BROWARD  
 Sworn to (or affirmed) and subscribed before me by means of  
 physical presence or  online notarization, this 13 day of

June, 2022 by Aude Sicard  
 (Signature of Notary Public--State of Florida)

Aude Sicard  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public)  
 Personally Known  CLAUDETTE HAMILTON  
 Type of Identification Produced Commission # GG-303995  
Commission Expires 02-20-2023  
Bonded Through - Cynotary  
Florida - Notary Public

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

\_\_\_\_\_  
 Signature Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**

2022 JUN 13 PM 5:11

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

<b>RECEIPT</b>		DATE <u>June 13, 2022</u>	No. <u>279177</u>	
RECEIVED FROM <u>ANITA SICARD</u>		<u>\$6370.56</u>		
<u>Six Thousand Three Hundred Seventy</u>		<u>56/100</u> DOLLARS		
FOR <u>Qualifying Fee</u>				
ACCOUNT # <u>127</u>	<input type="radio"/> CASH	DEPUTY OF SUPERVISOR OF ELECTIONS		
PAYMENT <u>637056</u>	<input checked="" type="radio"/> CHECK			FROM _____ TO _____
BAL. DUE _____	<input type="radio"/> MONEY ORDER			BY <u>[Signature]</u>
	<input type="radio"/> CREDIT CARD			