

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Aude M.L. Sicard
 Name
 (2) P.O. Box 25971
 Address (number and street)
Tamarac, FL 33351
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1288477]
 Submitted on:
 11/21/2022 13:50:52 (eastern)

Check here if address has changed (3) ID Number: 807

(4) Check appropriate box(es):
 Candidate Office Sought: County Commission, Dist. 8
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11 / 1 / 2021 To 11 / 30 / 2021 Report Type: M11
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 200 . 00
 Loans \$, , 0 . 00
 Total Monetary \$, , 200 . 00
 In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 0 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 38 , 835 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 29 , 521 . 24

(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) _____
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)
X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Aude M.L. Sicard

(2) I.D. Number 807

(3) Cover Period 11/1/2021 through 11/30/2021

(4) Page 1 of 0

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					