CAMPAIGN TREASURER'S REPORT SUMMARY

CITY OF COCONUT CREEK NOV 30 2015 FILING OFFICER

(1) Mikkie Belvedere
Name

(2) 3502 Bimini Lane, N-1
Address (number and street)
Coconut Creek, FL 33066
City, State, Zip Code

OFFICE USE ONLY
RECEIVED
NOV 30 2015
CITY OF COCONUT CREEK
CITY CLERK

☐ **Check here if address has changed**

(3) ID Number: _____

(4) Check appropriate box(es):

☑ Candidate Office Sought: Coconut Creek Commission - District B
☐ 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 11 / 01 / 15 To 11 / 30 / 15 Report Type: M11

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , ___ . ___
Loans	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , ___ . ___
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 49 . 80
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 49 . 80

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , ___ , 4035 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , ___ , 386 . 28

(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) LINDA G. SCHWIESOW
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer

X Linda G. Schwiesow
Signature

(Type name) Mikkie Belvedere
☑ Candidate ☐ Chairperson (only for PC and PTY)

X Mikkie Belvedere
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mikkie Belevedere **(2) I.D. Number** _____

(3) Cover Period 11 / 01 / 15 through 11 / 30 / 15 **(4) Page** 2 of 3

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mikkie Belvedere (2) I.D. Number _____

(3) Cover Period 11/1/15 through 11/30/15 (4) Page 3 of 3

(5) Date / (6) Sequence Number	(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
11/13/15 / 1	OFFICE DEPOT 5500 W. SAMPLE RD MARGATE, FL 33063	INK FOR COPY MACHINE AND ENVELOPES	ch		49.80
[illegible] /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES