CAMPAICN THE ACUPENIC PERCENT OUT TO SEE						
CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Mikkie (SETVET)ERE	OFFICE USE ONLY O					
Name (2) 3502 Biming LAME N-1						
(2) <u>3502 /Simini LANE N. (</u> Address (number and street)	OFFICER					
Coconut Greek, FL 330	40					
City, State, Zip Code						
☐ Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):						
Candidate Office Sought:	· · · · · · · · · · · · · · · · · · ·					
Political Committee (PC)						
☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded					
☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed					
individual making electioneering communications)	·					
(5) Report	Identifiers					
Cover Period: From 91/1/5 To						
	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, 525.00	Monetary Expenditures \$, , _47 . 00					
	· · · · · · · · · · · · · · · · · · ·					
Loans \$,,	Transfers to					
.	Office Account \$, ,					
Total Monetary \$,	Total Manatania (A					
In-Kind \$	Total Monetary \$, '					
In-Kind \$,,	(0) Other Dietalbution					
	(8) Other Distributions \$					
	·					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$, <u>3</u> _, <u>985</u> . <u>10</u> _	\$, <u>186</u> . <u>47</u>					
(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 Schulesow	(Type name) Hikkie Below Total					
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering @mm.)	Candidate					
	Mar BC					
X Xinda D. Schwiesow	* Miklie (deheeblee_					
Signature /	Signature					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURESEP 30 2015									
(3) Cover Perio	nd <u>911 1/8</u> through <u>9</u>	1801/5	4) Page	(10)	FICE				
(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)	(1.7)				
91,115	Postage usfrot office			CAN	49				
/ /									
//									
/ /									
/ /					-				
//									
//									

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	likkre PETV	<u> =1)=,</u>	KE	(2)	I.D. Number	<u></u>	<u> </u>		
(3) Cover Period 9 1 1 15 through 9 1 30 1 5 (4) Page 3 of 3									
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6)	(Last, Suffix, First, Middle)								
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
			Corner	OHE	Description	_	500,		
/	Cong. Hastings Po Box 10277 Ft. hauronale,	1		-115					
918 15	FL 33310 PAHI LYDN 6411 NWS85T	1		CHE		;	25,		
2	6411 NWS85T						:		
9	17AMALAC, FL 33321								
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES