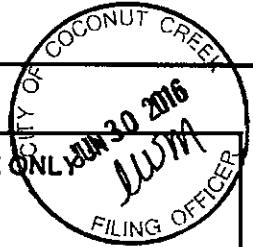


CAMPAIGN TREASURER'S REPORT SUMMARY



(1) Mikkie Belvedere

Name

(2) 3502 Bimini Lane, N-1

Address (number and street)

Coconut Creek, FL 33066

City, State, Zip Code

☐ 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 4/1/16 To 6/1/16 Report Type: H-6

☐ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 350.00

Loans \$, ,

Total Monetary \$, ,

In-Kind \$, ,

(7) Expenditures This Report

Monetary Expenditures \$, ,

Transfers to Office Account \$, ,

Total Monetary \$, ,

(8) Other Distributions

\$, ,

(9) TOTAL Monetary Contributions To Date

\$, 4 , 471.00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 441.49

(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 Schwesow

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

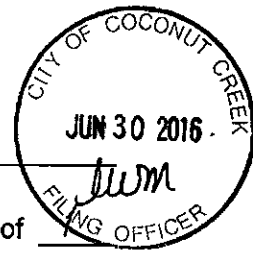
Linda Schwesow
Signature

(Type name) Mikkie Belvedere

☒ Candidate ☐ Chairperson (only for PC and PTY)

Mikkie Belvedere
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS



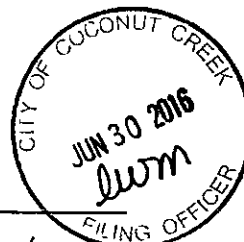
(1) Name Mikkie Belvedere

(2) I.D. Number _____

(3) Cover Period 4/1/16 through 6/30/16

(4) Page 1 of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
6/29/16	CAREGIVERS OF AMERICA 4450 N. UNIVERSITY DR. LAUDERHILL, FL 33351	CARE giving Agency	CH	-	-	100.-
1						
6/29/16	Roman Mgt, LLC 101 Regency Way Del Ray Beach, FL	MANAGEMENT group	CH	-	-	250.-
2						



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mikkie Belvedere

(2) I.D. Number _____

(3) Cover Period 4.1.16 through 6.30.16

(4) Page 1 of 1

(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
<u>11</u>	<u>N/A</u>				
<u>15</u>					
<u>11</u>					
<u>11</u>					
<u>11</u>					
<u>11</u>					