

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Libby Perez  
Name  
(2) 15625 SW 42 Terrace  
Address (number and street)  
Miami, FL 33185  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1027219]  
Submitted on:  
1/31/2011 10:48:57 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 791

(4) Check appropriate box(es):  
 Candidate (office sought): School Board District 7  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10/29/2010 To 1/31/2011 Report Type TR-G1  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00  
 Loans \$ 0.00  
 Total Monetary \$ 0.00  
 In-Kind \$ 795.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 65.05  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 65.05

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 30,500.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 30,500.00

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Libby Perez

(2) I.D. Number 791

(3) Cover Period 10/29/2010 through 1/31/2011

(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
(6) Sequence Number					
10/29/2010 //	JPMorgan Chase Bank, P.O. Box 659754 San Antonio, TX 78265	bank charge	MO		\$12.00
1					
11/30/2010 //	JPMorgan Chase Bank, P.O. Box 659754 San Antonio, TX 78265	bank charge	MO		\$12.00
2					
12/6/2010 //	Perez, Libby 15625 SW 42 Ter Miami, FL 33185	reimburse cd-rom	MO		\$20.00
3					
12/31/2010 //	JPMorgan Chase Bank, P.O. Box 659754 San Antonio, TX 78265	service fee	MO		\$12.00
4					
1/3/2011 //	Perez, Libby 15625 SW 42 Ter Miami, FL 33185	reimbursement-l oan	MO		\$9.05
5					
//					
//					
//					