

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

(1) David LiBrace
Name
 (2) 1055 92nd Street
Address (number and street)
Bay Harbor Island, FL 33154
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1034381]
 Submitted on:
 4/5/2012 22:17:51 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 1020

(4) **Check appropriate box(es):**
 Candidate (office sought): Mayor 2012
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 1/1/2012 To 3/31/2012 Report Type Q1-12
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00
 Loans \$ 297.57
 Total Monetary \$ 297.57
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 297.57
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 297.57

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 2,985.56

(10) TOTAL Monetary Expenditures To Date
 \$ 2,977.02

(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>X _____</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 & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name David LiBrace (2) I.D. Number 1020

1/1/2012 through 3/31/2012

(3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
1/1/2012 / /	Librace, David Post Office Box 546992 Miami Beach, FL 33154	S		LO			\$99.19
1							
2/1/2012 / /	Librace, David Post Office Box 546992 Miami Beach, FL 33154	S		LO			\$99.19
2							
3/1/2012 / /	Librace, David Post Office Box 546992 Miami Beach, FL 33154	S		LO			\$99.19
3							
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