

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

(1) LINDA BRASZ
Name

(2) 451 E. DILLOO DR.
Address (number and street)

M.A. FL. 33139
City, State, Zip Code

OFFICE USE ONLY

RECEIVED
2001 APR - 9 PM 4:00
CITY CLERK'S OFFICE

(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): Commissioner Group IV

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 01 31 To 3 1 31 07 Report Type Q1-07

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 9,300.00

Loans \$ 25,000.00

Total Monetary \$ 34,600.00

In-Kind \$ 300.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1,960.00

Transfers to Office Account \$ _____

Total Monetary \$ 1,960.00

(8) Other Distributions

\$ N/A.

(9) TOTAL Monetary Contributions To Date

\$ 34,600.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,960.00

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Linda Brasz

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Linda Brasz
Signature

X Linda Brasz
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name LINDA CROSS (2) I.D. Number _____

(3) Cover Period 1 1 1 07 through 3 31 107 (4) Page 1 of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
9579 3 1 11 107	GOPMAN, Beth Herbert 709 E. DILLON DR MA. FL 33134	I	R	CK			100 ⁰⁰
11575 3 1 27 107	US PARKING + ASSOC. INC. OP. ACCT. 1221 BRICKELL AVE. BX 96, MIAMI, FL 33131	B	PARKING	LIC			500 ⁰⁰
3632 3 1 37 107	ASSOC. PARKING SYSTEMS, INC. 1221 BRICKELL AVE. ST 96 MIAMI 33131	B	U	CK.			500.00
3 1 25 107	HANA RYHWIN LIVING TRUST 108 WEST DILLON DR MA. FL 33135	I	ret.	CK			100 ⁰⁰
3 1 13 107 1168	ALAN E. FANDEL 1300 CLEVELAND PK. I MA. FL. 33141	I	EXECUTIVE	CK			250 ⁰⁰
3 1 31 107 2398	BENJAMIN WAGMAN 2408 N.E. 32 TERR FT. LA. FL. 33301	I	executive	CK			500 ⁰⁰
4 1 1 107 1900	TERRY KEISIG 1717 NE 11TH ST FT. LA. 33316	I	CEO CPA	CK			500 ⁰⁰
3 1 26 107	LILLIAN A. CAMACHO P.O. BOX 415555 MA. FL. 33141	I	BUSINESS WOMAN	CK.			50 ⁰⁰

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LINDA CRASZ (2) I.D. Number _____

(3) Cover Period 11/01/07 through 3/31/07 (4) Page 2 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) Sequence Number		Type	Occupation	Type	Description		Amount
3 125 107 9459	AFONKON, DANIEL 118 W. DILIBE DR. MIA FL 33139	I	Lawyer	CK			500.00
3 125 107	ANDERSON JEANNE 118 W. DILIBE DR. MIA FL 33139	I	Teacher	CK	Fundraiser unre checked		300.00
3 127 107 3082	MISKIT, DAVID + SHARON 621 W. DILIBO DR. MIA FL 33139	I	owns summer camp	CK			300.00
3 125 107	Heller, DANIEL PIANE 50 W. DILIBO DR. MIA FL 33139	I	Lawyer	CK			250.00
3 125 107 1641	Pierre HERARD 4517 S.W. 35 Ter FT LD. FL 33132	I	Lawyer	CK			250.00
3 125 107 3698	CARRASCO Norberto JUANA 403 E. DILIBO DR. MIA FL 33139	I	Dr. + Merchant	CK			500.00
3 127 107	JONAS Terry + IVAN 526 W. DILIBO DR. MIA FL 33139	I	Computer Programmer	CK			500.00
3 125 107 3316	KAUFMAN PMA + CHERYL 2301 Sunset Dr. MIA FL 33140	I	Lawyer	CK			100.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LINDA GRAZ (2) I.D. Number _____

(3) Cover Period 1 1 1 07 through 3 31 1 07 (4) Page _____ 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) Sequence Number		Type	Occupation	Type	Description		Amount
3 13 107 2217	Philippe Kepruvost 510 E. DILIDOO	I	Investor	check			200.00
3 114 107 3861	Therese Cant 1455 West Ave. M.R. FL. 33139	B	merchant	check			250.00
3 13 107	CLAUDIO Groggi 503 E. DILIDOO M.R. FL. 33139	I	Businessman	check			500.00
1 125 107 4169	MIKE SILSEN 2645 So. Bayshore D.A. C.D. 33133	I	consultant	check			500.00
1 1	LINDA GRAZ 451 E. DILIDOO M.R. 33139	I	Treasurer	check LOA			20,000.00
3 131 107 1222	DR. RALPH GRAZ	I	M.D.	check			500.00
3 127 107 57360	TRAC WILLIAMS 7015 S.W. 104th MIA. FL. 33156	B	CAR DEALER	ck.			300.00
3 17 107 5671	Sheila + Michael CERARANO 315 Emilio	I	Lawyers	ck.			500.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 1 1 1 07 through 3 31 1 07 (4) Page _____ 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
3 11 107 1718	ZABIJINSKI LINDA, HENRY 4406 Sheridan Ave	I	RESTAURANT OWNER	CK			250 ⁰⁰ / ₁₀₀
3 13 107	SAMIR DELI 740 ANTON Blvd MARIETTA, GA 30067	B	REST OWNER	CK			250 ⁰⁰ / ₁₀₀
3 1 107	KIRCHNER B.H. CATHERINE MARIETTA, GA 30067 KAREN CAMPBELL	I	MO	CK			250 ⁰⁰ / ₁₀₀
3 12 107 5346	LISA AUSTIN + ANDREW J. ILLI 1521 ALTON RD. MARIETTA, GA 30067	B	ART CONSULTANT	CK			50 ⁰⁰ / ₁₀₀
3 10 107 1785	BONNIE TATRE 450 E DILLON MARIETTA, GA 30067	I	RETIRED	CK			100 ⁰⁰ / ₁₀₀
3 1 10 107	MICHAEL TATRE 600 E. HARRISON AVE C.O. FL. 33154	I	LANE	CK			300 ⁰⁰ / ₁₀₀
3 10 107 1730	ETHEL HIBBARD 450 E DILLON MARIETTA, GA 30067	I	RETIRED	CK			100 ⁰⁰ / ₁₀₀
3 10 107 3281	DR. JAMES P KETCHUM 343 MICHAEL WAY	I	MD	CK			100 ⁰⁰ / ₁₀₀

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 11/01/07 through 2/28/07 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
3 27 107 1291	SARAH FREILING MEMBER 1434 W 24th St 3340	I	House	CK			100 ⁰⁰
3 26 107 3542	KOSNITZKY MICHAEL SUZANNE 450 W. DILDO 3344	I	Lawyer	CK			250 ⁰⁰
4 4 107 4 481	Steiner ESTHER 460 W. DILDO 3344	I	Ret.	CK			200 ⁰⁰
4 7 107 4642	Barbara Kip Amazon	I	MD Central Tech	CK			200 ⁰⁰
1 1	GRACE LINDA USIE DILDO MA FL 33129			LOA CAC			5000 ⁰⁰
1 1							
1 1							
1 1							