FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED
FEC MAIL CENTER
2016 APR 11 PM 12: 18
Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines. C00587758

AMERICANS FOR DAVID LIBRACE FOR PRESIDENT 2016

ADDRESS (number and street)) 203 S 7th Street

☐ Check if different than previously reported. (ACC

West Helena | AR | 72390-

CITY | STATE | ZIP CODE

2. FEC IDENTIFICATION NUMBER ▶ C00587758

3. THIS REPORT IS FOR Primary ☐ or General ☒

4. TYPE OF REPORT *(Choose One)*

Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

☒ April 15 (Q1) ☐ October 15 (Q3)
☐ July 15 (Q2) ☐ January 31 Year-End Report (YE)

Monthly Reports:

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10)) ☐ Jan 31 (YE)

☐ Thirtieth day report following the General Election on MM / DD / YYYY.

☐ Twelfth day report preceding _____ election on MM / DD / YYYY in the State of __.

Is this Report an Amendment? ☐ yes ☒ no

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Friedeberg

Signature of Treasurer [signature] Date 04 / 01 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office Use Only							

2016-04-11-03-00062182

Write or Type Committee Name

Americans for David Librace for President 2016

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	00
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	00
8. SUBTOTAL (Lines 6 and 7)	00
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	00
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8	00
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	00
13. EXPENDITURES SUBJECT TO LIMIITATION	00

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	00
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	00

2016-04-11-03-00062183

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3P** (Rev. 03/2011)

NAME OF COMMITEE (in Full)

Americans for David Libraee 2016

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	00	00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	00	00
(ii) unitemized	00	00
(iii) Total contributions	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees	00	00
(d) The Candidate	00	00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	00	00
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	00	00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	00	00
(b) Other Loans	00	00
(c) TOTAL LOANS (Add 19(a) and 19(b)	00	00
20. OFFSETS TO EXPENDITURES (Refunds,Rebates, etc.):		
(a) Operating	00	00
(b) Fundraising	00	00
(c) Legal and Accounting	00	00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	00	00
21. OTHER RECEIPTS (Dividends, Interest, etc.)	00	00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	00	00

2016-04-11-03-00062184

DETAILED SUMMARY PAGE

FEC **Form 3P** (Rev. 03/2011) of Disbursements and Contributed Items

NAME OF COMMITEE (in Full)

Americans for David Libree for President 2016

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
23. OPERATING EXPENDITURES	00	00
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	00	00
25. FUNDRAISING DISBURSEMENTS	00	00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	00	00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate	00	00
(b) Other Repayments	00	00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	00	00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees	00	00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	00	00
29 OTHER DISBURSEMENTS	00	00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	00	00

III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)		
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	00	00

2016-04-11-03-00062185

FEC FORM 3P, Page 5
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER C00587758

AMERICANS FOR DAVID LIBRACE FOR PRESIDENT 2016

ADDRESS (number and street) 203 S 7th St

West Helena (CITY) AR (STATE) 72390- (ZIP CODE)

3. NAME OF CANDIDATE DAVID LIBRACE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	00	00
Alaska	00	00
Arizona	00	00
Arkansas	00	00
California	00	00
Colorado	00	00
Connecticut	00	00
Delaware	00	00
District of Columbia	00	00
Florida	00	00
Georgia	00	00
Hawaii	00	00
Idaho	00	00
Illinois	00	00

2016-04-11-03-00062186

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	00	00
Iowa	00	00
Kansas	00	00
Kentucky	00	00
Louisiana	00	00
Maine	00	00
Maryland	00	00
Massachusetts	00	00
Michigan	00	00
Minnesota	00	00
Mississippi	00	00
Missouri	00	00
Montana	00	00
Nebraska	00	00
Nevada	00	00
New Hampshire	00	00
New Jersey	00	00
New Mexico	00	00
New York	00	00
North Carolina	00	00
North Dakota	00	00
Ohio	00	00
Oklahoma	00	00
Oregon	00	00
Pennsylvania	00	00

2016-04-11-03-00062187

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	00	00
South Carolina	00	00
South Dakota	00	00
Tennessee	00	00
Texas	00	00
Utah	00	00
Vermont	00	00
Virginia	00	00
Washington	00	00
West Virginia	00	00
Wisconsin	00	00
Wyoming	00	00
Puerto Rico	00	00
Guam	00	00
Virgin Islands	00	00
TOTALS	00	00

2016-04-11-03-00062188

EXPENDITURES SUBJECT TO LIMIT

FEC **Form 3P** (Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

NAME OF COMMITEE (in Full)

AMERICANS FOR DAVID LIBRACE FOR PRESIDENT 2016

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

A.	OPERATING EXPENDITURES (Line 23, Column B)	00
B.	OPERATING OFFSETS Line 20a, Column B)	00
C.	**CURRENT YEAR NET OPERATING EXPENDITURES** (Subtract Line B from A)	00
D.	PRIOR YEAR(S) OPERATING EXPENDITURES	00
E.	PRIOR YEAR(S) OPERATING OFFSETS	00
F.	**PRIOR YEAR(S) NET OPERATING EXPENDITURES** (Subtract Line E from D)	00
G.	FUNDRAISING DISBURSEMENTS (Line 25, Column B)	00
H.	OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B)	00
I.	CURRENT YEAR NET FUNDRAISING DISBURSEMENTS (Subtract Line H from G)	00
J.	PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS	00
K.	PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS	00
L.	PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS (Subtract Line K from J)	00
M.	TOTAL NET FUNDRAISING DISBURSEMENTS (Add Lines I and L)	00
N.	20% EXEMPTION (20% of Overall Expenditure Limit)	00
O.	**TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT** (Subtract Line N from M)	00
P.	**TOTAL EXPENDITURES SUBJECT TO LIMITATION** (Add Lines C, F and O)	00

2016-04-11-03-00062189

SCHEDULE A-P
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional) ▶

Total This Period (last page this line number only) ▶

FEC Schedule A-P (Form 3P) (Rev. 12/2015)

2016-04-11-03-00062190

SCHEDULE B–P
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional) ▶

Total This Period (last page this line number only)) ▶

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SCHEDULE C–P
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 19a ☐ 19b

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial) ☐ Memo Item

Election:
☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period

TERMS

Date Incurred M M / D D / Y Y Y Y | Date Due M M / D D / Y Y Y Y | Interest Rate % (apr) | Secured: ☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional) ▶

Total This Period (last page this line number only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2016-04-11-03-00062192

Schedule C-P-1
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary from Information found on Page ___ of Schedule C-P

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER C

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

CITY STATE ZIP CODE -

AMOUNT OF LOAN **INTEREST RATE (APR)** %

DATE INCURRED OR ESTABLISHED M M / D D / Y Y Y Y **DATE DUE** M M / D D / Y Y Y Y

A. Has loan been restructured? No Yes If yes, date orignially incurred: M M / D D / Y Y Y Y

B. If line of credit:
Amount of this draw
Total outstanding balance

C. Are other parties secondarily liable for the debt incurred? No Yes (Endorsers and guarantors must be reported on Schedule C-P.)

D. Are **ANY** of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes

If yes, specify:

What is the value of this collateral:

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan? No Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: M M / D D / Y Y Y Y

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account: M M / D D / Y Y Y Y

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

G. Type or Print Name of Committee Treasurer

Signature of Treasurer _____ Date MM / DD / YYYY

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION.

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

Title

Signature of Treasurer

Date MM / DD / YYYY

SCHEDULE D–P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 11 ☐ 12

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

2016-04-11-03-00062195

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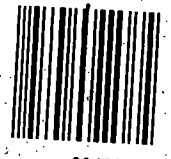

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FROM:
Libraca
203 S 7th St
West Helena, AR
72390

TO:
Federal Election Commission
999 E Street NW
Washington DC 20463

Expected Delivery Day: 04/06/2016

USPS TRACKING NUMBER

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☐	Other (Specify):	Date of Receipt or Postmarked

PREPARER [signature] 4/11/16 DATE PREPARED

(3/2015)

2016-04-11-03-00062197