

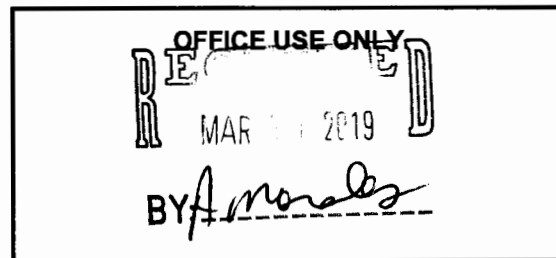
## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Camille Wallace  
Name

(2) [REDACTED]  
Address (number and street)

Coast Springs, FL 33065  
City, State, Zip Code

Check here if address has changed



(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: City Commission Seat 2
- 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 02/01/19 To 02/28/19 Report Type: 2019M2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 30 . 00

Loans \$ 1 , 3 , 00 . 00

Total Monetary \$ 1 , 3 , 30 . 00

In-Kind \$        ,        ,        .       

### (7) Expenditures This Report

Monetary Expenditures \$ 0 , 0 , 0 . 00

Transfers to Office Account \$        ,        ,        .       

Total Monetary \$ 0 , 0 , 0 . 00

### (8) Other Distributions

\$        ,        ,        .       

### (9) TOTAL Monetary Contributions To Date

\$ 1 , 3 , 30 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ 0 , 0 , 0 . 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:

(Type name) Camille Wallace

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

X [Signature]

Signature

(Type name) Camille Wallace

Candidate  Chairperson (only for PC and PTY)

X [Signature]

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Camille Wallace (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02 / 01 / 19 through 02 / 28 / 19 (4) Page 1 of 1

(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							
02 / 23 / 19 / /	Wallace, Camille Alicia 3521 NW 88th Dr #108 Coral Springs, FL 33065	I	ATTORNEY	CAS			\$30
001							
02 / 24 / 19 / /	Wallace, Camille Alicia 3521 NW 88th Dr #108 Coral Springs, FL 33065	I	Attorney	LOA			\$1300
002							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Camille Wallace (2) I.D. Number \_\_\_\_\_

(3) Cover Period 02, 01, 19 through 02, 28, 19 (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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					