

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Camille Wallace

Name

(2) [REDACTED]

Address (number and street)

Coral 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)

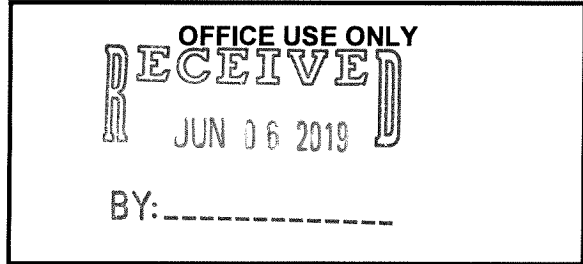
Party Executive Committee (PTY)

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 05 / 18 / 19 To 05 / 31 / 19 Report Type: G3

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 00 . 00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 2 , 009 . 31

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 1 , 945 . 39


### (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

(Type name) Camille Wallace

Candidate  Chairperson (only for PC and PTY)

**X**   
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Camille Wallace

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 05 / 18 / 19 through 05 / 31 / 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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period <sup>05</sup> / <sup>18</sup> / <sup>19</sup> through <sup>05</sup> / <sup>31</sup> / <sup>19</sup> (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type			
/ /							
/ /							
/ /							
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/ /							