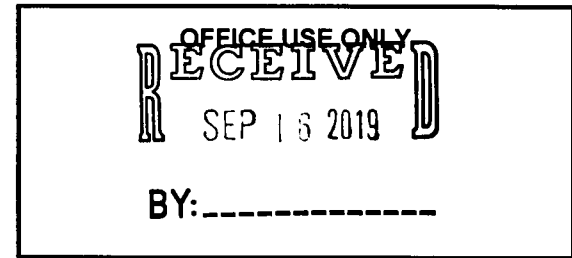


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Camille Wallace  
Name

(2) [REDACTED]  
Address (number and street)  
[REDACTED]  
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 06 / 14 / 19 To 08 / 31 / 19 Report Type: TR

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_ , \_\_\_\_\_ , 10 . 63

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

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 10 . 63

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

### (7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_ , \_\_\_\_\_ , 012 . 00

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

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 012 . 00

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 2 , 129 . 50

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 2 , 129 . 50

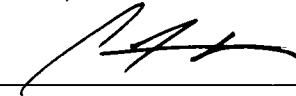
### (11) Certification

**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:

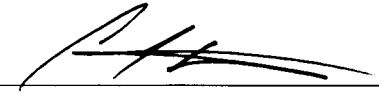
(Type name) Camille Wallace

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 CONTRIBUTIONS

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

(3) Cover Period 06 / 14 / 19 through 08 / 31 / 19 (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		
0 / 0 / 1	TD Bank 2600 North University Dr Coral Springs, FL 33065	B	Bank	REF			\$10.63
8/27/19							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Camille Wallace

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

(3) Cover Period 06 / 14 / 19 through 08 / 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					
0 / 0 / 1  6/28/19	TD Bank 2600 North University Dr Coral Springs, FL 33065	maintenance fee	CAN		\$12.00
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