

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

(1) WALLACE CLARK  
Name

(2) 931 WREN AVENUE  
Address (number and street)

MIAMI SPRINGS, FL 33166  
City, State, Zip Code

OFFICE USE ONLY

2011 MAR 17 P 3:29  
CITY OF MIAMI SPRINGS

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): MAYOR

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 2/26/2011 To 3/11/2011 Report Type G-3

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks        \$ 1,250.00

Loans                    \$ \_\_\_\_\_

Total Monetary        \$ \_\_\_\_\_

In-Kind                 \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 0

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary        \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ 2335.33

**(10) TOTAL Monetary Expenditures To Date**

\$ 731.03


**(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) DANA ESTABROOK


Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

X   
Signature

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

(Type name) WALLACE CLARK

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

X   
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name WALLACE CLARK (2) I.D. Number \_\_\_\_\_

(3) Cover Period 2 / 26 / 2011 through 3 / 11 / 2011 (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							
2, 26, 11	WHITE, MICHAEL, L. 33 N MELROSE DR MIAMI SPRINGS, FL 33166	I		CHE	N		\$100
1							
3, 2, 11	DODGE, LISA 10950 SW 48 ST COOPER CITY, FL 33328	I		CHE	N		\$150
2							
3, 11, 11	MORILLO, PATRICIA	I		CHE	N		\$500
3							
3, 11, 11	GRIFFIN PLANNING LLC 5805 BLUE LAGOON DR SUITE 450 MIAMI, FL 33126	B		CHE	N		\$500
4							
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 2011 MAR 17 P 3:29

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

(1) Name WALLACE CLARK

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

(3) Cover Period 2 / 26 / 2011 through 3 / 11 / 2011

(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
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