

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

(1) WALLY WAGONER
Name
 (2) 2955 SE 36TH ST
Address (number and street)
OCALA, FL 34471
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1032280]
 Submitted on:
 1/5/2012 15:55:21 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 162

(4) **Check appropriate box(es):**
 Candidate (office sought): SUPERINTENDENT OF SCHOOLS
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 7/1/2011 To 9/30/2011 / Report Type Q3
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>275.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>275.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>8.58</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>8.58</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 51,020.11

(10) TOTAL Monetary Expenditures To Date
 \$ 466.67

(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) <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer X _____ Signature	I certify that I have examined this report and it is true, correct, and complete. _____ (Type name) <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) X _____ Signature
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name WALLY WAGONER **(2) I.D. Number** 162
(3) Cover Period 7/1/2011 through 9/30/2011 **(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
8/13/2011 / /	MacKay, Ken 2334 SE Fort King Street Ocala, FL 34471	I	real estate	CH		Add	\$150.00
1							
8/16/2011 / /	FAKHOURY, MANAL P O BOX 4428 OCALA, FL 34478	I	doctor	CH		Add	\$125.00
2							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name WALLY WAGONER

(2) I.D. Number 162

(3) Cover Period 7/1/2011 through 9/30/2011

(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
(6) Sequence Number					
8/13/2011 / /	PAYPAL, INC., 2211 NORTH FIRST STREET SAN JOSE, CA 95131	internet collection fee	MO	Add	\$4.65
1					
8/16/2011 / /	PAYPAL, INC., 2211 NORTH FIRST STREET SAN JOSE, CA 95131	internet collection fee	MO	Add	\$3.93
2					
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