

JUDICIAL OFFICE
CANDIDATE OATH

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2012 APR 20 AM 11:56 OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes) MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

I, Greer Elaine Wallace

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT* - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the judicial office of Miami-Dade County Judge, 11th
(office) (district #) (circuit #)

24; my legal residence is Miami-Dade County, Florida; I am a qualified elector
(group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X Greer Elaine Wallace 305-299-7717 greerwallace@aol.com
Signature of Candidate Telephone Number Email Address

569 SW 2 Street Florida City Florida 33034
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109123901

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

GRE-car E-lane WALL-less

STATE OF FLORIDA

COUNTY OF Miami-Dade

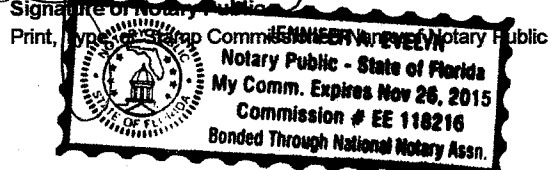
Sworn to (or affirmed) and subscribed before me this 19th day of April, 20 12.

Personally Known: [Signature] or

Produced Identification: _____

Type of Identification Produced: _____

[Signature]
Signature of Notary Public



**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

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MIAMI DADE COUNTY
ELECTIONS DEPARTMENT
OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)
Greer Elaine Wallace

3. Address (include post office box or street, city, state, zip code)

1450 N. Krome Avenue, Suite 101G
Florida City, FL 33034

4. Telephone
(305) 299-7717

5. E-mail address
greerdwallace@aol.com

6. Office sought (include district, circuit, group number)
11th Judicial Circuit, County Court Judge, Group 24

7. If a candidate for a nonpartisan office, check if applicable:
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a
 Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Cathy E. Berry

11. Mailing Address
713 NW Davis Parkway

12. Telephone
(305) 248-8779

13. City
Florida City

14. County
Miami-Dade

15. State
Florida

16. Zip Code
33034

17. E-mail address
ceb713@hotmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank
Community Bank of Florida

20. Address
302 West Palm Drive

21. City
Florida City

22. County
Miami-Dade

23. State
Florida

24. Zip Code
33034

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date
April 15, 2012

26. Signature of Candidate
 Greer Elaine Wallace

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Cathy E. Berry, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

April 15, 2012
Date

Cathy E. Berry
Signature of Campaign Treasurer or Deputy Treasurer.

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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10. Name of Treasurer or Deputy Treasurer

Greer Elaine Wallace

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12. Telephone

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25. Date

April 19, 2012

26. Signature of Candidate

Greer Elaine Wallace

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Greer Elaine Wallace, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

April 19, 2012

Date

Greer Elaine Wallace
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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FLORIDA COUNTY
ELECTIONS DEPARTMENT

I, Greer Elaine Wallace,

candidate for the office of County Court Judge, Group 24;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Greer Elaine Wallace
Signature of Candidate

April 19, 2012
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

MIAMI-DADE

**Access to Handbook and the
Election Laws of the State of Florida**

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Candidate/Chairperson:

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Greer	Elaine	Wallace
First Name	Middle Name	Last Name

County Court Judge, 11th Judicial Circuit, *Group 24*
Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook ()
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- Political Committee Handbook ()
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: *Greer Elaine Wallace*
Candidate / Chairperson Signature

Date: April 19, 2012

Primary Telephone Number: 305.299.7717

Alternate Telephone Number: 786.398.9811

E-mail address: greerdwallace@aol.com

Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County

MIAMI-DADE

Candidate (office sought): County Court Judge, Group 24

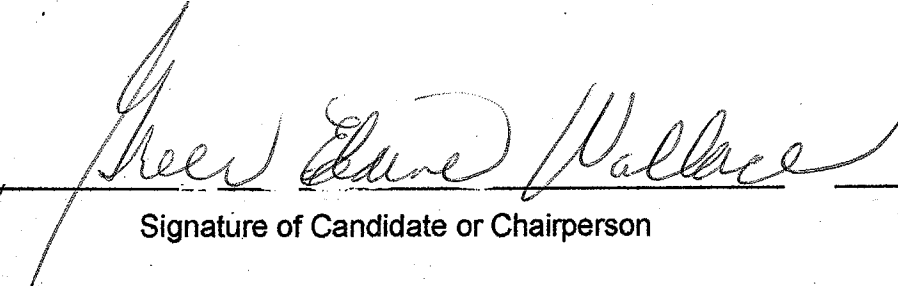
Political Committee: _____

Party Executive Committee: _____

Other: _____

I, Greer Elaine Wallace
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.



Signature of Candidate or Chairperson

April 19, 2012

Date

Day Time Telephone Number: 305.299.7717

Alternate Contact Number: 786.398.9811

Email Address: greerdwallace@aol.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

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LAST NAME — FIRST NAME — MIDDLE NAME:
WALLACE GREER ELAINE

FOR OFFICE USE ONLY:

MAILING ADDRESS:

1450 N. KROME AVE, SUITE 101G

2012 APR 20 AM 11:59

FLORIDA CITY, FL 33034 MIAMI - DADE

ID Code
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CITY: ZIP: COUNTY:

ID No.

NAME OF AGENCY:

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY COURT JUDGE, 11TH CIRCUIT, Group 24

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of APRIL 15TH, 20 12 was \$ 1,653,295.00

PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 60,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
569 SW 2ND ST, FLORIDA CITY, FL 33034	\$ 175,000
80-90 N. BOUNTY LANE, KEY LARGO, FL 33137	\$1,175,000
8607 FRANJO RD, CUTLER BAY, FL 33189	\$ 200,000
11307 SW 200 ST, B-307, CUTLER BAY, FL 33157	\$ 80,000
351 SW 3RD AVE, FLORIDA CITY, FL 33034	\$ 105,000

PART C – LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BANK OF AMERICA- 33450 SOUTH DIXIE HWY, FLORIDA CITY, FL 33034	\$826,154
MELVIN KARL- 99611 OVERSEAS HIGHWAY, KEY LARGO, FL	\$176,052

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART B- ASSETS- CONTINUED

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ELECTIONS DEPARTMENT

<u>Description of Asset (specific description is required)</u>	<u>Value of Asset</u>
702 SW 6 TH CT, FLORIDA CITY, FL	\$ 90,000
1206 MARY AVE, NEW SMYRNA BEACH, FL	\$100,000
420 PALM AVE, NEW SMYRNA BEACH, FL	\$ 50,000
404 HICKORY ST, NEW SMYRNA BEACH, FL	\$ 75,000
1139 JEFFERSON ST, NEW SMYRNA BEACH, FL	\$ 30,000
<u>VACANT LOTS</u>	
ID KEY 3805666- GREENLAWN ST, NEW SMYRNA BEACH, FL	\$ 3,500
ID KEY 3806867- OAK ST, NEW SMYRNA BEACH, FL	\$ 4,500
ID KEY 3807197- MARY AVE, NEW SMYRNA BEACH, FL	\$ 6,000
ID KEY 3807243- HICKORY ST, NEW SMYRNA BEACH, FL	\$ 4,000
ID # 180570470000- RD 7, HAWAII COUNTY	\$ 30,000
ID # 17279- JACKSONVILLE, FL	\$ 17,000
CAPITAL BANK MONEY MARKET	\$236,895
CAPITAL BANK CHECKING	\$ 1,876
COMMUNITY BANK CHECKING	\$ 7,557
SUNTRUST BANK CHECKING	\$ 2,964
BANK OF AMERICA	\$ 4,315
POWER FINANCIAL CREDIT UNION	\$ 933
SUN AMERICA IND. 401K	\$134,036
GREAT WEST RETIREMENT SERVICES	\$ 15,398
MERRILL LYNCH- IRA	\$ 19,530
PHOENIX SEP IRA	\$ 18,231
PUTNAM INVESTMENTS ROTH - IRA	\$ 2,710
PRIMERICA SEP IRA	\$ 5,996
NATIONWIDE RETIREMENT SOLUTIONS	\$ 14,849

PART D – INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
LAW OFFICES OF GREER WALLACE	1450 N. KROME AVE, SUITE 101G, FLORIDA CITY, FL 33034	\$10,480

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
SCORPIO GROUP 1	HOMESTEAD HOUSING	29355 S. FEDERAL HIGHWAY	REAL ESTATE INVESTMENTS
INVESTMENTS	AUTHORITY	HOMESTEAD, FL 33033	

PART E – INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

STATE OF FLORIDA
 COUNTY OF Miami-Dade

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

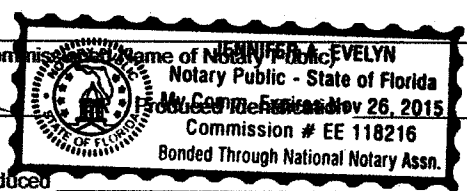
Sworn to (or affirmed) and subscribed before me this 19th day of

April, 2012 by Greer Elaine Wallace

[Signature]
 (Signature of Notary Public—State of Florida)

[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commission # of Notary Public)
 Personally Known
 Type of Identification Produced



FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

