CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) William Wallace	OFFICE USE ONLY						
Name (2) 414 NW 2nd St	ONLINE SUBMISSION [1149106]						
(2) <u>414 NW 2nd St</u> Address (number and street)	Submitted on:						
Okeechobee, FL 34972	2/8/2018 15:20:45 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 140						
(4) Check appropriate box(es):							
Candidate Office Sought: County Court	Judge						
Political Committee (PC) Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded						
Party Executive Committee (PTY)	Check here if PTY has disbanded						
Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed						
(5) Report Identifiers							
Cover Period: From <u>12</u> / <u>1</u> / <u>201</u> 7 To	<u>12</u> / <u>31</u> / <u>2017</u> Report Type: <u>M-12</u>						
Original 🖾 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 00	Expenditures \$, , , 0 . 00						
Loans \$,,0.00	Transfers to						
	Office Account \$,,0 . 00						
Total Monetary \$,,,000							
	Total Monetary \$, , , 0 . 00						
In-Kind \$,, <u>16</u> .00							
	(8) Other Distributions \$, , 0.00						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>0 · 00</u>	\$,, <u>0</u> . <u>00</u>						
(11) Cer	tification						
	son 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) (Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	<u>X</u>						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	William Wallace			(2) I.D. Number					
12/1/2017		12/31/2017							
(3) Cover Peri	od / /	thro	ough	11_	(4) Pag	je	of _1		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount		
12/14/2017 / /	Wallace, William J 414 NW 2nd St Okeechobee, FL 34972			IK	photocopy of petition forms	bdd	\$16.00		
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/ 1									
/ /									
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1 1	_								
1 1	_								
1 1	_								
			5						
1 1	-								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name_William Wallace (2) I.D. Number140							
	12/1/2017 // through	12/31/2017	(4) Page <u>1</u>		0		
т. т.	(7)	(8)	(1) (9)	(10)	(11)		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(o) Purpose (add office sought contribution to a candidate)	if	Amendment	Amount		
_/ /							
//							
_/ /							
_/ /							
11							
//							
_ / /							

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