	CAMPAIGN TREASURE	ER'S REPORT SUMMARY					
(1)	Alan Lowe	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	PO Box 352387	Submitted on:					
	Address (number and street)	7/16/2020 12:14:36 (eastern)					
	Palm Coast, FL 32135						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:525					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: Palm Coast Mag	yor					
	Political Committee (PC)	Charle have # BC as ECO has dishanded					
		☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded					
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	t Identifiers					
Cov	` ' '						
	rer Period: From 6 / 27 / 2020 To						
∐o	Driginal ☐ Amendment ☐ Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Casl	h & Checks \$, , <u>100</u> . <u>00</u>	Expenditures \$, , 0 . 00					
	Φ 0.00						
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$					
T.4.	t 100 00	Office Account \$, , , 0 . 00					
lota	al Monetary \$, , <u>100</u> . <u>00</u>	Total Monetary \$. 0 . 00					
T . 12	· · • • 0 00	Total Monetary \$, , , 0 . 00					
In-Ki	ind \$,, <u>0</u> .00						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$,8 , <u>702</u> . <u>95</u>					
		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:							
_(T	ype name)	(Type name)					
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		X					
Si	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Alan Lowe		(2) I.D. Number					
	6/27/2020		7	/10/2020		1	1	
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	ge <u> </u>	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount	
6/30/2020	Northeast Florida, Senior Benefits of	O		СН		Add	\$100.0	
1	48 Cottonwood Ct Palm Coast, FL 32137							
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1 1								
1 1								
1 1								
DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VA	LUES		

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Alan Lowe (2) I.D. Number 525										
	6/27/2020 7/ / / through	10/2020	1) Page1		0					
(5) Date (6) Sequence Number	(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)	(11) Amount					
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