	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Alan Lowe	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	47 Collingwood Ln.	Submitted on:							
	Address (number and street)	7/29/2022 19:52:21 (eastern)							
	Palm Coast, FL 32137								
	City, State, Zip Code	(2) 17 11							
	Check here if address has changed	(3) ID Number: 594							
(4)	Check appropriate box(es):								
		ty Council Member District 2							
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded							
	☐ Party Executive Committee (PTY)	☐ Check here if PTY has disbanded							
		Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	dentifiers							
Cove	er Period: From 7 / 16 / 2022 To								
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
(-)	Communication and the period	Monetary							
Casl	n & Checks \$ , 8 , 145 . 00	Expenditures \$ , , 0 . 00							
Ousi	, <u> </u>								
Loar	ns \$ , , 0.00	Transfers to							
		Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , 8, 145.00								
		Total Monetary \$ , , 0 . 00							
In-Ki	ind \$ , , 0.00								
		(8) Other Distributions							
		\$ , , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
(3)	\$,12,99500	\$ , 2 , 771 64_							
	, <u>12</u> , <u>999</u> . <u>00</u>	Ψ <u> </u>							
		tification							
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)							
lo	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)							
Х		x							
	gnature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Ala	n Lowe				(2	594			
	7/16/20	22		7/22/	2022				
(3) Cover Period	1	/	through	1	1	(4) Page	1	$\_$ of $\_^1$	

(3) Cover Perio	our	_		v	(4) Fa(	ge	OI -
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
7/17/2022	Self, P O Box 352387 Palm Coast, FL 32135	S	self employed	CA			\$1,150.0
7/22/2022	Self, P O Box 352387 Palm Coast, FL 32135	S	self employed	CA			\$6,995.0
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

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

(1) Name A	lan	Lov	ve				v : 1700 (1700)	20 A D	 (2) I.D. Num	nber	[	594	p
		7	/16/2	022			7/22/2	022					,
(3) Cover Pe	riod		/		throug	h	/		 (4) Page	1	of	0	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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DS-DE 14 (Rev.	11/13 \				