CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Lance Alred	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	59 Christopher Ct S	Submitted on:							
	Address (number and street)	6/21/2023 09:30:33 (eastern)							
	Palm Coast, FL 32137								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:599							
(4) Check appropriate box(es):									
	 ☐ Candidate Office Sought: School Board District 2 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ 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							
Cove	er Period: From 6 / 1 / 2022 To	6 / <u>17</u> / <u>2022</u> Report Type: <u>P1</u>							
o [riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , ,000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , , 000	Total Monetary \$, , -29 . 00							
In-Ki	nd \$,, <u>29</u> . <u>00</u>	, , ,							
		(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$,22_, _87000								
(T	(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) Individual (only for IE Deputy Treasurer								
<u>X</u>		<u>X</u>							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Lance Alred	(2) I.D. Number							
	6/1/2022		6	/17/2022					
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	e	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
6/15/2022	Alred, Anthony Lance ***Protected Voter***		self employed	IK	campaign .partner	Add	\$29.0		
1	Protected Voter				campaign website				
1 1									
1 1									
						2 5			
f f									
1 1									
1 1									
I I									
J I									
DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	S AND CODE VAL	.UES			

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lance	Alred					(2) I.D. Nun	nber	!	599	
	6/1/20)22		6/17/20	022	~ ~	-			
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
6/15/2022	Campaign Partner, PO Box 118 Still River, MA 01467	campaign website	MO	Delete	\$29.00
6/15/2022	Campaign Partner, PO Box 118 Still River, MA 01467	campaign website	МО	Add	\$0.00
//					
//					
//					
11					
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