

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) David Alfin

Name

(2) 4345 Old Kings Rd N

Address (number and street)

Palm Coast, FL 32137

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 687

OFFICE USE ONLY

ONLINE SUBMISSION

[1322529]

Submitted on:

8/3/2024 04:24:27 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: Palm Coast Mayor

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 7 / 20 / 2024 To 7 / 26 / 2024 Report Type: P5

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 500 . 00

Loans \$, , 0 . 00

Total Monetary \$, 1 , 500 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 17 , 116 . 44

(10) TOTAL Monetary Expenditures To Date

\$, 5 , 386 . 99

(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 or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name)

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name David Alfin (2) I.D. Number 687
 7/20/2024 through 7/26/2024
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
7/21/2024 / /	Walsh, John F X 3 Chilham Ct Palm Coast, FL 32137	I	retired	CH			\$500.00
1							
7/23/2024 / /	Madden, Shawn PO Box 670 Torrington, WY 82240	I	business owner	CH			\$1,000.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name David Alfin

(2) I.D. Number 687

(3) Cover Period 7/20/2024 through 7/26/2024

(4) Page 1 of 0

(5) Date	(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) Amendment	(11) Amount
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