CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lance Alred
Name

(2) 59 Christopher CT
Address (number and street)

Palm Coast, FL 32137
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
ONLINE SUBMISSION
[1330643]
Submitted on:
9/13/2024 10:44:50 (eastern)

(3) ID Number: 693

(4) Check appropriate box(es):

☒ Candidate Office Sought: East Flagler Mosquito Control District Seat 3
☐ 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 8 / 24 / 2024 To 9 / 6 / 2024 Report Type: G2

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 0.00
Loans	$ 0.00
Total Monetary	$ 0.00
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
$ 35.00

(10) TOTAL Monetary Expenditures To Date
$ 35.00

(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

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lance Alred **(2) I.D. Number** 693

(3) Cover Period 8/24/2024 through 9/6/2024 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9/4/2024 1	Alred, Anthony ***Protected Voter***	S		CH			$0.00
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lance Alred (2) I.D. Number 693

(3) Cover Period 8/24/2024 through 9/6/2024 (4) Page 1 of 1

(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) Amendment	(11) Amount
9/4/2024 1	Alred, Anthony ***Protected Voter***	nada	MO		$0.00
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DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES