

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bart Alford

Name

(2) PO Box 563

Address (number and street)

Madison, FL 32340

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 135

### OFFICE USE ONLY

ONLINE SUBMISSION

[1311769]

Submitted on:

6/20/2024 18:15:18 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: Superintendent of Schools

☐ 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 6 / 1 / 2024 To 6 / 14 / 2024 Report Type: P1

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 500 . 00

Total Monetary \$        ,        , 500 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 200 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 200 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 6 , 650 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 6 , 185 . 08

### (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 Bart Alford (2) I.D. Number 135  
 6/1/2024 6/14/2024  
 (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
6/12/2024 / /	Alford, Bart 1343 NE SR 6 Madison, FL 32340	S	speech-lan LO guage pathologis t			\$500.00
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bart Alford

(2) I.D. Number 135

(3) Cover Period 6/1/2024 through 6/14/2024

(4) Page 1 of 1

(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
6/14/2024 1	Madison Babe Ruth 12U, 753 SW Anastasia Way Madison, FL 32340	donation/ !2 u all-stars	MO		\$200.00
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