

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bart Alford  
 Name

(2) PO Box 563  
 Address (number and street)  
Madison, FL 32340  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1305524]

Submitted on:  
 4/8/2024 22:26:14 (eastern)

Check here if address has changed

(3) ID Number: 135

(4) Check appropriate box(es):

- Candidate Office Sought: Superintendent of Schools
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- 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

Cover Period: From 1 / 1 / 2024 To 3 / 31 / 2024 Report Type: Q1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        , 1 , 150 . 00

Total Monetary \$        , 1 , 150 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 220 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 220 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 1 , 150 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 220 . 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

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bart Alford (2) I.D. Number 135  
 1/1/2024 through 3/31/2024  
 (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						
3/5/2024 / /	Alford, Bart P.O. Box 563 Madison, FL 32341	I speech-lan guage pathologis t	LO			\$650.00
1						
3/18/2024 / /	Alford, Bart P.O. Box 563 Madison, FL 32341	I speech-lan guage pathologis t	LO			\$500.00
2						
/ /						
/ /						
/ /						
/ /						
/ /						
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/ /						
/ /						
/ /						

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

(1) Name Bart Alford

(2) I.D. Number 135

(3) Cover Period 1/1/2024 through 3/31/2024

(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) Sequence Number					
3/19/2024 / /	Finley, Allison Bill Adams Road Perry, FL 32347	graphics-sign design	MO		\$75.00
1					
3/6/2024 / /	Becky's Dance Step Studio, 438 East Base Street Madison, Fl 32340	advertising	MO		\$145.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					