

## 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

[1338635]

Submitted on:

11/25/2024 15:43:35 (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 11 / 1 / 2024 To 2 / 3 / 2025 Report Type: TRG

☒ 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

\$        , 10 , 450 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 10 , 450 . 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  
 11/1/2024 2/3/2025  
 (3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page 1 of 0

(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
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bart Alford

(2) I.D. Number 135

(3) Cover Period 11/1/2024 through 2/3/2025

(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					
11/25/2024 / /	Alford, Lewis Bartley P.O. Box 563, Madison, Fla, 32341 Madison, Se 32341	refund to self.	DI		\$51.80
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