Rec'd 9/18/18 DC

CAMPAIGN TREASURER'S REPORT SUMMARY /20pm							
Name (2) 6509 Robin Ave Address (number and street) Milton, FL 32570 City, State, Zip Code Check here if address has changed	OFFICE USE ONLY (3) ID Number: 098						
(4) Check appropriate box(es): ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed							
	Identifiers						
	09/14/2018 / Report Type: 2018G2ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , _0.00	Monetary Expenditures \$, , 0.00						
Loans \$,,	Transfers to Office Account \$, , 0.00						
Total Monetary \$	Total Monetary \$, , 0.00						
	(8) Other Distributions \$, , 0.00						
(9) TOTAL Monetary Contributions To Date \$,, 1,450,00	(10) TOTAL Monetary Expenditures To Date \$,, 1,357.09						
(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) ALAN LOWERY ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	(Type name) ALAN LOWERY ☐ Candidate ☐ Chairperson (only for PC and PTY)						
Signature	X Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Alan Lowery ne			(2) I.D. Number		098	
(3) Cover Period	09/01/2018	through	4/2018 /	(4) Page	1 (of	
(5) Date (6) Sequence Number	(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)	(12) Amount	
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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 Alan L	.owery	(2	2) I.D. Number	. uag	
3) Cover Period	l	/14/2018 / (4	1) Page	of	1
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
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