

Please print or type your name, mailing address, agency name, and position below:

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Alfred Anthony Lance

MAILING ADDRESS:

59 Christopher Court

Palm Coast 32137 Flagler

CITY: ZIP: COUNTY:

NAME OF AGENCY:

School Board District 2

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED  
JUN 13 2022  
FLAGLER COUNTY  
Supervisor of Elections

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of ~~12/31/2021~~ June 1, 2022, 20 22 was \$ 564,000

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ \_\_\_\_\_

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House 59 Christopher Ct, Palm Coast, FL	650,000
House 62 Lee Rd 45, Phenix City, AL	147,000
Vehicles	80,000
RV	76,000
Boat	6,500

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage 59 Christopher Ct Palm Coast, FL	<del>288,000</del> 309,000
Mortgage 62 Lee Rd 450 Phenix City AL	<del>55,000</del> 55,000
RV Loan	<del>55,000</del> 55,000
Vehicles	28,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY



**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Attach a complete copy of your 2021 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

**RECEIVED**

**JUN 13 2022**

**FLAGLER COUNTY  
Supervisor of Elections**

I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Nomad	59 Christopher Ct.	42,387-

**SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:**

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Nomad Mgmt Serv. LLC		
ADDRESS OF BUSINESS ENTITY	59 Christopher Ct PE, FL		
PRINCIPAL BUSINESS ACTIVITY	Concrete Placement		
POSITION HELD WITH ENTITY	President/CEO		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	Owner		

**PART F - TRAINING**

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA

COUNTY OF Flagler

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 13th day of

June, 20 22 by A. Lance Alred

Delina M. Valentik  
 (Signature of Notary Public--State of Florida)

Delina M. Valentik  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_



[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, she must complete the following statement:

I, A. Lance Alred, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

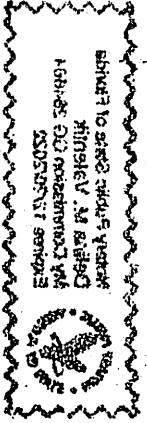
[Signature]  
 Signature

6/1/22  
 Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

MEMORANDUM  
FOR THE RECORD



*[Faint, illegible handwritten text covering the majority of the page]*