| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | |
|--|---|--|--|--|--|--|--|
| (1) Alice with | OFFICE USE ONLY | | | | | | |
| Name | CITY CLERK | | | | | | |
| (2) 3597 troude St- Address (number and street) | 26 AUG'24AM10:23:58 | | | | | | |
| North Port FL 3 4286 City, State, Zip Code | CITY OF NORTH PORT | | | | | | |
| ☐ Check here if address has changed | (3) ID Number: | | | | | | |
| (4) Check appropriate box(es): Candidate Office Sought: 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 individual making electioneering communications) | | | | | | | |
| (5) Report Identifiers | | | | | | | |
| Cover Period: From $\frac{8}{1}$ / $\frac{124}{24}$ To | 8 1 23 1 24 Report Type: 202461 | | | | | | |
| ☐ Original ☐ Amendment ☐ Special Election Report | | | | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | | | |
| Cash & Checks \$, , <u>250</u> . <u>00</u> | Monetary Expenditures \$ | | | | | | |
| Loans \$ | Transfers to Office Account \$ | | | | | | |
| Total Monetary \$, , <u>250</u> . <u>00</u> | Total Monetary \$; | | | | | | |
| In-Kind \$ | | | | | | | |
| | (8) Other Distributions \$ | | | | | | |
| (9) TOTAL Monetary Contributions To Date \$,, _960 | (10) TOTAL Monetary Expenditures To Date \$, , <u></u> | | | | | | |
| (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) | (Type name) ALICE Why +C Candidate Chairperson (only for PC and PTY) | | | | | | |
| X Allei White Signature | X Olici White Signature | | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name | Alie White | | | (2) I.D. Number | | | | | |
|--|--|------|--------------------------|----------------------|------------------------|-----------|--------|--|--|
| (3) Cover Period 8 / 16 / 24 through 8 / 23 / 24 (4) Page of | | | | | | | | | |
| (5) Date | (7) Full Name | | (8) | (9) | (10) | (11) | (12) | | |
| (6) Sequence Number | (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Туре | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount | | |
| 8, 16,24 | Florida Police Benevolent Assoc. Fac | | | CHE | | | 250.00 | | |
| | Florida Police Benevolent Assocific FPBALawd Ordin 300E BREVORD St Tallahasse FL 32301 | F | | | | , | | | |
| 8-20-3 | | | | | | | | | |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES