

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Alice White  
 Name  
 (2) 3597 Froude St.  
 Address (number and street)  
North Port FL 34286  
 City, State, Zip Code

**OFFICE USE ONLY**

CITY CLERK  
 9 SEP '24 PM 2:24:56  
 CITY OF NORTH PORT

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: North Port City Commission District 1
- 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 8/21/24 To 9/16/24 Report Type: 202402

- Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ 1,000.00

Loans      \$ \_\_\_\_\_

Total Monetary      \$ 1,000.00

In-Kind      \$ 0.00

### (7) Expenditures This Report

Monetary Expenditures      \$ 620.68

Transfers to Office Account      \$ \_\_\_\_\_

Total Monetary      \$ 620.68

### (8) Other Distributions

\$ 0.00

### (9) TOTAL Monetary Contributions To Date

\$ 1,960.00

### (10) TOTAL Monetary Expenditures To Date

\$ 1,046.42

### (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) Alice White

Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

Alice White  
 Signature

(Type name) Alice White

Candidate     Chairperson (only for PC and PTY)

Alice White  
 Signature

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

CITY CLERK  
 2024 SEP 25 2:25:05  
 CITY OF NORTH PORT

(1) Name Alice White (2) I.D. Number —

(3) Cover Period 8, 24, 24 through 9, 6, 24 (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		Type	Occupation	Type	Description		Amount
8, 26, 24 1	Suncoast Professional Firefighters + Paramedics 752 Commerce Dr Venice FL 34292	F		CHE			1,000.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Alic White (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 8, 24, 24 through 9, 6, 24 (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
9/1/24	Build-A-Sign 11525A Stonehollow Ln. Suite 100 Austin TX 78758	Campaign Signs	CAN		531.49
(1)					
9/1/24	Build-A-Sign 11525A Stonehollow Ln. Suite 100 Austin TX 78758	Campaign Car Magnets	CAN		89.11
(2)					
//					
//					
//					
//					
//					
//					