CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) <u>Allice White</u> Name Found al	OFFICE USE ONLY CITY CLERK						
(2) <u>3597</u> Froude St. Address (number and street)	17 JUN'24AM11:27:38 CITY OF NORTH PORT						
North Part FL 34286 City, State, Zip Code							
Check here if address has changed	(3) ID Number:						
(A) Check appropriate box(es):							
Candidate Office Sought: North Part	A Candidate Office Sought: North Part City Commissioner District 1						
 Political Committee (PC) Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded 							
 Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an 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 $O(d O) / 2O24$ To $O(d I) 4 / 2024$ Report Type: $2024 1$							
Original Amendment Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,,,	Monetary Expenditures $\$,, $\underline{\mathcal{H}}$						
Loans \$, <u>\$</u> , <u>\$</u>	Transfers to Office Account \$, ,						
Total Monetary \$,,							
In-Kind \$,,,	Total Monetary \$,, <u>420</u> . <u>84</u>						
	(8) Other Distributions \$,,						
(9) TOTAL Monetary Contributions To Date	(10) (TOTAL Monetary Expenditures To Date						
\$, <u>700</u> . <u>OO</u>	\$,, 41574						
(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 (Type name) Alice White							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	(Type halle) (Type halle) (V (Y)) Candidate \Box Chairperson (only for PC and PTY)						
× alice Urhite	× alici White						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

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				JUN'24AM1		
	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED		Y OF NORTH URES	I PORT	
(1) Name	CAMPAIGN TREASURER'S REL Alice White	(2) I.D. Number		8	
(3) Cover Period 6 10 1 24 through 6 14 24 (4) Page 1 of 1						
(5)	(7)	(8)	(9)	(10)	(11)	
Date	Full Name (Last, Suffix, First, Middle)	Purpose (add office sought if				
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount	
6/10/24 1)	City of North Port 4970 City Hall Blud Northfort FL 34286	Florida Election Assessment Fee	CAN		420,84	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES