

# CAMPAIGN TREASURER'S REPORT SUMMARY

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

**OFFICE USE ONLY**

CITY CLERK  
 29 JUL '24 AM 11:41:35  
 CITY OF NORTH PORT

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: North Port City Commissioner 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 7/20/24 To 7/26/24 Report Type: 2024P5

- Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ 0, \_\_\_\_\_, \_\_\_\_\_

Loans      \$ 0, \_\_\_\_\_, \_\_\_\_\_

Total Monetary      \$ 0, \_\_\_\_\_, \_\_\_\_\_

In-Kind      \$ 0, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures      \$ 0, \_\_\_\_\_, \_\_\_\_\_

Transfers to Office Account      \$ 0, \_\_\_\_\_, \_\_\_\_\_

Total Monetary      \$ 0, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ 0, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 710.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 425.74

### (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

X Alice White  
 Signature

(Type name) Alice White  
 Candidate     Chairperson (only for PC and PTY)

X Alice White  
 Signature