

CAMPAIGN TREASURER'S REPORT SUMMARY

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

OFFICE USE ONLY
 CITY CLERK
 1 APR '24 AM 9:10:19
 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 01 / 01 / 24 To 03 / 31 / 24 Report Type: 2024Q
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 100.00
 Loans \$ _____ , Ø . _____
 Total Monetary \$ _____ , Ø , _____ . _____
 In-Kind \$ _____ , Ø , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ Ø0 , Ø0 , Ø0 . Ø0

(8) Other Distributions
 \$ _____ , _____ , Ø . _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 100.00

(10) TOTAL Monetary Expenditures To Date
 \$ Ø00 , Ø00 , Ø00 . Ø0

(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) <u>Alice White</u> <input type="checkbox"/> Individual (only for IE or electioneering comm.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer X <u>Alice White</u> Signature	(Type name) <u>Alice White</u> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY) X <u>Alice White</u> Signature
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Alice White

(2) I.D. Number _____

CITY CLERK
1 APR 24 AM 9:10:35
CITY OF NORTH PORT

(3) Cover Period 1 / 1 / 24 through 3 / 31 / 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
1 / 3 / 24	Alice White 3597 Froude St. North Port Fl 34286	S		Cash			100.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							