

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
 12 JUN'24AM11:12:34
 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) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 04 / 01 To 05 / 31 Report Type: 2024 Q

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) **Expenditures This Report**

Monetary Expenditures \$ _____ , _____ , 4,90

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 4,90

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

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

(10) **TOTAL Monetary Expenditures To Date**
 \$ _____ , _____ , 4,90

(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

CITY CLERK
CAMPAGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

CITY CLERK

JUN 24 AM 11:12:40

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

(3) Cover Period 04/01/2024 through 05/31/2024 (4) Page 1 of 1

CITY OF NORTH PORT

(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
(6) Sequence Number					
5/7/24	Board of County Commissioners Sarasota County FL.	Candidate Petitions Fee	CAN	ADD	\$4.90
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