

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

4 JUN'24AM8:52:44

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 04 / 01 / 2024 To 05 / 31 / 2024 Report Type: 2024Q2

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 600.00

Loans \$ _____ , 0 , _____ . _____

Total Monetary \$ _____ , _____ , 600.00

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

\$ _____ , _____ , 600.00

(10) TOTAL Monetary Expenditures To Date

\$ 0 , _____ , _____ . _____

(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

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

CITY CLERK
4 JUN'24 AM 8:52:54
CITY OF NORTH PORT

(1) Name Alice White

(2) I.D. Number _____

(3) Cover Period 4 / 1 / 2024 through 5 / 31 / 2024 **(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
4 / 18 /	North Port Democratic Club PO Box 7751 North Port Fl 34291	P		CHE			100.00
5 / / 29	Alice White 3597 Froude St. North Port Fl 34286	S	Retired	CHE			500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							