

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carlbert "Carl" White
Name

(2) 2931 Lincoln Blvd
Address (number and street)

Fort Myers Florida 33916
City, State, Zip Code

OFFICE USE ONLY

AUG 19 12 31 28 AM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought:

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

City Council Ward 3

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 08 / 06 / 22 To 08 / 18 / 22 Report Type: P7

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 150 . 00

Loans \$ _____ , _____ , _____ . 0

Total Monetary \$ _____ , _____ , 150 . 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

\$ _____ , _____ , 1540 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1371 . 4000

(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:

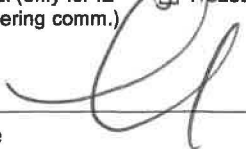
(Type name)

Cheryl Green

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature



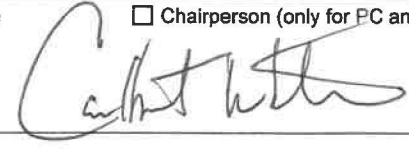
(Type name)

Carlbert White

Candidate Chairperson (only for PC and PTY)

X

Signature



CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Carlbert "Carl" White (2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(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
8, 12, 22	Lynn Sales 13501 SandyCove Ft Myers 33908	I		check			50-
1							
8, 12, 22	Stacie Krupa 2150 West 1st St Fort Myers 33901	I	Business	check			100-
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							