CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Tom Henning	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	38 Sonderhen Drive	Submitted on:							
	Address (number and street)	11/16/2020 18:32:51 (eastern)							
	Naples, FL 34114	——————————————————————————————————————							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 579							
(4)	Check appropriate box(es):								
	<ul> <li>         ☐ Candidate Office Sought: Greater Naples Fire (Golden Gate Div) Seat 5     </li> <li>         ☐ Political Committee (PC)         ☐ Electioneering Communications Org. (ECO)         ☐ 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         ☐ Check here if no other IE or EC reports will be</li></ul>								
	(5) Report	Identifiers							
Cove	er Period: From 10 / 30 / 2020 To								
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , ,000	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , , 000	Total Monetary \$ , , <u>196</u> . <u>03</u>							
In-Ki	ind \$,,								
		(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(T	(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)  Individual (only for IE    Deputy Treasurer								
X		_X							
Si	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Tom Henning				2) I.D. Numbe	er <u>5</u>	79
(3) Cover Perio	10/30/2020 od//	thro	ough	/1/2021 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
J I							
1 1							
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1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Tom	Henning					(2) I.D. Nun	nber	į	579	
	10/30	/2020		2/1/2023	1	· · · · · · · · · · · · · · · · · · ·				
(3) Cover Period	d /	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11/16/2020	Henning, Tom Candidate to Candidat Themselves ***Protected Voter***	reimbursement of loan	RM		\$196.03
1	113333334 73352				
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