CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Boyce White
_____
Name

(2) 140 Siguenza Drive
_____
Address (number and street)

Pensacola Beach, FL 32561
_____
City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: _____ 568 _____

(4) Check appropriate box(es):

☒ Candidate   Office Sought: County Commissioner, District 4 _____

☐ 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   ☐ **Check here if no other IE or EC reports will be filed**
individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 2 / 1 / 2018 To 2 / 28 / 2018   Report Type: M2

☐ Original   ☒ Amendment   ☐ Special Election Report

(6) Contributions This Report		**(7) Expenditures This Report**	
Cash & Checks	$ ___ , ___ , 0 . 00	Monetary Expenditures	$ ___ , ___ , 0 . 00
Loans	$ ___ , ___ , 0 . 00	Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00	Total Monetary	$ ___ , ___ , 0 . 00
In-Kind	$ ___ , ___ , 0 . 00		

(8) Other Distributions
$ ____ , ____ , 0 . 00

(9) TOTAL Monetary Contributions To Date	**(10) TOTAL Monetary Expenditures To Date**
$ ____ , 33 , 285 . 00	$ ____ , 5 , 877 . 65

(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   ☐ Treasurer   ☐ Deputy Treasurer
or electioneering comm.)

X _____
Signature

(Type name)
_____

☐ Candidate   ☐ Chairperson (only for PC and PTY)

X _____
Signature

DS-DE 12 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS**

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Boyce White   **(2) I.D. Number** 568

(3) Cover Period 2/1/2018 ___/___/___ through 2/28/2018 ___/___/___   **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(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
2/22/2018 / / 1	A Barter Consulting, 3516 Bayswater Drive Pensacola, FL 32504	I	medical consultant	CH		Delete	$750.00
2/22/2018 / / 2	A Barter Consulting, 3516 Bayswater Drive Pensacola, FL 32504	B	medical consultant	CH		Add	$750.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

DS-DE 13 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _Boyce White_

(2) I.D. Number _568_

(3) Cover Period _2/1/2018_ / / _through_ _2/28/2018_ / /

(4) Page _1_ of _0_

(5) Date / (6) Sequence Number	(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
/ /					
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DS-DE 14 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES