CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Henry Montavious Duhart

Name

(2) 203 S 31st St

Address (number and street)

Fort Pierce, FL 34950

City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: _____ 445

(4) Check appropriate box(es):

☒ Candidate   Office Sought: County Commissioner, District 5
☐ 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 5 / 1 / 2020   To 5 / 31 / 2020   Report Type: M5

☐ Original   ☒ Amendment   ☐ Special Election Report

(6)   Contributions This Report

Cash & Checks	$ ___ , ___ , 0 . 00
Loans	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 0 . 00
In-Kind	$ ___ , ___ , 0 . 00

(7)   Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 920 . 00
Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 920 . 00

(8)   Other Distributions

$ ___ , ___ , 0 . 00

(9)   TOTAL Monetary Contributions To Date

$ ___ , 9 , 027 . 55

(10)   TOTAL Monetary Expenditures To Date

$ ___ , 2 , 748 . 54

(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 or electioneering comm.)   ☐ Treasurer   ☐ Deputy Treasurer

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 Henry Montavious Duhart   **(2) I.D. Number** 445

(3) Cover Period 5/1/2020 ___ / ___ / ___ through 5/31/2020 ___ / ___ / ___   **(4) Page** 1 of 0

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

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Henry Montavious Duhart **(2) I.D. Number** 445

(3) Cover Period 5/1/2020 / / through 5/31/2020 / / **(4) Page** 1 of 1

(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
5/7/2020 / / 1	Signs, Just Yard 4880 A1 Distribution CT. Orlando, FL 32822	campaign yard sign, stakes, & road signs	MO	Add	$920.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES