CAMPAIGN	TREASURER'	'S REPC	RT SUMMAI	RY
(1) Henry Montavious Duhart		[USE ONLY SUBMISSION
Name (2) 203 S 31st St]	1224218]
Address (number and street)		1	Submitted on:	
Fort Pierce, FL 34950			3/7/2020 23:3	9:48 (eastern)
City, State, Zip Code				
Check here if address has cha	nged	(3)	ID Number:	445
(4) Check appropriate box(es):				
 ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications (PTY) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (all individual making electioneering communications) 	so covers an	Check here	if PC or ECO has	
	(5) Report Id	entifiers		
Cover Period: From 7 / 25				Report Type: P6
	☐ Specia	al Election R	leport	
(6) Contributions This Report	(7	7) Expe	enditures This R	Report
Cash & Checks \$, ,	i	lonetary xpenditure	s \$,	
Loans \$, ,		ransfers to		,,
Total Monetary \$,,	T	otal Monet	ary \$,	
In-Kind \$, ,				
	(8	\$	er Distributions	0.00
(9) TOTAL Monetary Contributions	s To Date (*	10) TOT	AL Monetary Ex	penditures To Date
\$, <u>13</u> , <u>901</u> .	_69_	\$ _ 	,11,	036 · 47
It is a first degree misdeme		to falsify a		s. 839.13, F.S.)
(Type name)		(Type name	i)	
	Deputy Treasurer	Candidate	·	irperson (only for PC and PTY)
X		X		
Signature		Signature		

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Henry Montavious Du	hart			2) I.D. Numbe	er	45
	7/25/2020		7	/31/2020			
(3) Cover Peri	od / /	thre	ough	<i>I I</i>	(4) Pag	je <u>1</u>	of
				T	T		
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		•
Number	City, State, Zip Code Threatte, Renee	Туре	Occupation actor	Type CH	Description	Amendment Add	Amount \$1.0
7/30/2020	1757 North Kingsley Drive	I	actor	CH		Add	\$1.0
1 1	Los Angeles , CA 90027						
1							
1							
<i>I</i> 1	1						
	1						
1 1							
		20					
I I							
1	_						
<i>I</i> 1	_						
1 1							
	*						
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Henry	Montavio	ıs Dul	hart		70.		(2) I.D. Nun	nber		445	av.
		7/25/202	0		7/31/20	020			-			
(3) Cover P	eriod_		_/	_through_			<u> </u>	(4) Page	1	of	0	

(5) Date	(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
//					
//					
//					
//					
//					
//					
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//					
DS-DE 14 /Rev	X	*		•	