

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael Henne  
Name

(2) 275 Clearwater Dr.  
Address (number and street)

Ponte Vedra Beach, FL 32082  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1209179]

Submitted on:  
6/9/2020 09:03:53 (eastern)

Check here if address has changed

(3) ID Number: 1039

(4) Check appropriate box(es):

- Candidate Office Sought: Airport Authority Group 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 individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (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 \$        ,        , 11 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 11 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 20 . 00

### (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

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael Henne (2) I.D. Number 1039

5/1/2020 through 5/31/2020

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

| (5)<br>Date | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type      Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|------------------------------------------------------------------------------------------------|--------------------------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
| /      /    |                                                                                                |                                            |  |                             |                                |                   |                |
| /      /    |                                                                                                |                                            |  |                             |                                |                   |                |
| /      /    |                                                                                                |                                            |  |                             |                                |                   |                |
| /      /    |                                                                                                |                                            |  |                             |                                |                   |                |
| /      /    |                                                                                                |                                            |  |                             |                                |                   |                |
| /      /    |                                                                                                |                                            |  |                             |                                |                   |                |
| /      /    |                                                                                                |                                            |  |                             |                                |                   |                |
| /      /    |                                                                                                |                                            |  |                             |                                |                   |                |
| /      /    |                                                                                                |                                            |  |                             |                                |                   |                |

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

(1) Name Michael Henne

(2) I.D. Number 1039

(3) Cover Period 5/1/2020 through 5/31/2020

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |                                                                                                |                                                                            |                            |                   |                |
| 5/1/2020<br>/ /           | Suntrust,<br>PO Box 305183<br>Nashville, TN 32083                                              | bank fee april                                                             | MO                         |                   | \$4.00         |
| 1                         |                                                                                                |                                                                            |                            |                   |                |
| 5/21/2020<br>/ /          | Suntrust,<br>PO Box 305183<br>Nashville, TN 32083                                              | bank fees                                                                  | MO                         |                   | \$7.00         |
| 2                         |                                                                                                |                                                                            |                            |                   |                |
| / /                       |                                                                                                |                                                                            |                            |                   |                |
| / /                       |                                                                                                |                                                                            |                            |                   |                |
| / /                       |                                                                                                |                                                                            |                            |                   |                |
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| / /                       |                                                                                                |                                                                            |                            |                   |                |