	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Henry Skip White	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	4885 S. Atlantic Avenue	Submitted on:								
	Address (number and street)	8/28/2023 16:24:03 (eastern)								
	Ponce Inlet, FL 32127									
	City, State, Zip Code	(2) 17 11 1								
	Check here if address has changed	(3) ID Number: 952								
(4) Check appropriate box(es):										
	☐ Candidate Office Sought: Ponce Inlet C ☐ Political Committee (PC) ☐ Fleeting actions Communications One (FCC)									
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ 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										
Cove	er Period: From 8 / 26 / 2023 To	9 / 8 / 2023 Report Type: G2								
⊠ o	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
.,	·	Monetary								
Casl	h & Checks \$,, <u>0</u> . <u>00</u>	Expenditures \$ ,1 , <u>272</u> . <u>86</u>								
Loar	s , , ,	Transfers to Office Account \$ , , 0 . 00								
Tota	I Monetary \$ , , 000	, , , , , ,								
In-Ki	ind \$,,0.00	Total Monetary \$ ,1 , 272 . 86								
		(8) Other Distributions								
		\$,,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>9</u> , <u>475</u> . <u>00</u>	\$, <u>9</u> , <u>475</u> . <u>18</u>								
	(11) Cert	ification								
	It is a first degree misdemeanor for any pers									
I certify that I have examined this report and it is true, correct, and complete:										
_(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		X								
	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Henry Skip White				2) I.D. Numbe	er g	52
	8/26/2023 od///		9	/8/2023 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
/ /	Oity, State, 21p Code	Туре	Occupation	Туре	Description	Ancidate	Amount
J I							
1 1							
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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 Her	nry	Skip	Whi	ite					 (2) I.D. Nur	nber	9	<del>3</del> 52	
		8/26	/20	23		9/8/	2023	3					
(3) Cover Peri	od	1		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
8/28/2023	White, Henry Skip 4885 S. Atlantic Ave. Ponce Inlet, Fl 32127	campaign event	МО		\$193.13
1					
8/28/2023	First Step Shelter, 3889 W. International Speedway Blvd Daytona Beach, Fl 32124	charity	МО		\$450.00
2					
8/28/2023	Ponce Inlet Veterans Memorial, 4670 S. Peninsula Dr. Ponce Inlet, Fl 32127	charity	MO		\$629.73
3					
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DS-DE 14 (Rev					