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) Ponce Inlet, FL 32127	8/10/2023 15:44:12 (eastern)							
	City, State, Zip Code	<del></del>							
	☐ Check here if address has changed	(3) ID Number: 952							
(4)	Check appropriate box(es):	(-)							
	<ul> <li>☑ Candidate Office Sought: Ponce Inlet Council Seat 3</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	Identifiers							
	er Period: From 7 / 29 / 2023 To								
<u>X</u> 0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casł	Cash & Checks \$,, _000   Monetary   Expenditures \$, _1 , _56387								
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota In-Ki	I Monetary \$,,,00  ind \$ , , 0 . 00	Total Monetary \$ ,1 , <u>563</u> . <u>87</u>							
	,, ,, ,, ,	(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
<u>(T</u>	(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								
	gnature	X Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Henry Skip White				2) I.D. Numbe	r9	52
	7/29/2023			/4/2023			
(3) Cover Perio	od//	thro	ough	1 1	(4) Pag	e <u>1</u>	of
		r		r		-	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_	1.271	O 1 1 1	122224		
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	Type	Occupation	туре	Description	zanonament	Amount
1							
T t							
1 1							
1 1							
1							
I I							
y							
J I							
.F I							
1 1							
1 1							
29 1							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name	enry	Skip	Whi	Lte				 (2) I.D. Nur	nber	9	<del>)</del> 52	3
		7/29	/20	23		8/4/20	23					
(3) Cover Pe	riod	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	
8/2/2023	VistaPrint, 275 Wyman Street Waltham, MA 02451	campaign mailers	RM		\$734.83	
8/2/2023	Heath, Mark 523-D Virginia Ave Port Orange, FL 32127	mailers	MO		\$100.00	
8/2/2023	Port Orange Post Master, 725 Dunlawton Ave Port Orange, FL 32127	mailer postage	RM		\$729.04	
//						
//						
//						
//						
//						