CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Henry D. Ennis	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1245020]							
(2) 679 Bay Avenue	Submitted on:							
Address (number and street) DeFuniak Springs, FL 32435	4/8/2021 13:23:05 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 519							
(4) Check appropriate box(es):								
<ul> <li>Candidate Office Sought: <u>City Council Seat #4</u></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								
Cover Period: From <u>4</u> / <u>8</u> / <u>2021</u> To	7 / <u>10</u> / <u>2021</u> Report Type: <u>TR</u>							
🖾 Original 🛛 Amendment 🗌 Sp	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$ , , , 000	Monetary Expenditures \$ , , , 0 . 00							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,0 . 00							
Total Monetary       \$	Total Monetary \$ , , , 0 . 00							
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, <u>500</u> . <u>00</u>	\$,, <u>500</u> . <u>00</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)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	x							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Henry D. Ennis</u> (2) I.D. Number					519				
	4/8/2021			7/10/2021					
(3) Cover Perio	od / /	thro	ough	11	(4) Pag	e _⊥	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1	_								
1 1									
1 1	_								
1 1									
1 1	-								
1 1	_								
/ /	-								
/ /	_								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Henr	y D. Ennis	(1	DRT – ITEMIZED EXPENDITURES(2) I.D. Number			
(3) Cover Period	4/8/2021 7/1 I/ through	.0/2021 //(4	4) Page <u>1</u>	of	1	
(5) Date (6) Sequence	(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)	(11) Amount	
	Ennis, Henry Candidate to Themsel 679 Bay Avenue DeFuniak Springs, FL 32435	repayment of loan	DI		\$366.25	
1						
_ / /						
_ / /						
_ / _						
11						
11						
11						

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES