2024 Form 1 - Statement of Financial Interests

Filed with COE: 04/30/2025

General Information

Name: Henry Skip White

PID 286522

AGENCY INFORMATION

Organization	Suborganization	Title
Ponce Inlet	Mayor And Town Council	Councilmember Seat 3

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	PONCE INLET TOWN COUNCIL SEAT 3	PONCE INLET TOWN COUNCIL SEAT 3

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

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Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
US FOODS RETIREMENT	CHICAGO ILLINOIS	RETIREMENT
TOWN OF PONCE INLET	PONCE INLET FL	COUNCIL MEMBER PAY
SOUTH STATE BANK	PORT ORANGE FL	CD
TRUIST BANK	DAYTONA BEACH FL	CD
TRUIST BANK	DAYTONA BEACH FL	MONEY MARKET
SOCIAL SECURITY	FEDERAL GOVERMENT	SOCIAL SECURITY SKIP WHITE
HARRAHS	NEW ORLEANS	GAMING
SOCIAL SECURITY	FEDERAL GOVERMENT	SOCIAL SECURITY JANE WHITE
OCEANS LUXURY	DAYTONA BEACH FL	REALTY JANE WHITE

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

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Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
CD	TRUIST BANK CD
CHECKING ACCOUNT	BANK OF AMERICA CHECKING ACCOUNT
CD	SOUTHSTATE BANK CD
IRA CD	FIDELITY ROLLOVER IRA CD MORGAN STANLEY
IRA STOCK	FIDELITY ROLLOVER IRA RIVIAN AUTO STOCK
IRA CD	FIDELITY ROLLOVER MORAN STANLEY CD
MONEY MARKET	TRUIST BANK MONEY MARKET WHITE SANDY SURF
CD	TRUIST BANK CD

Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

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Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☑ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Filer

Henry Skip White

Digitally signed: **04/30/2025**

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