CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Frank Luke	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1215642]						
(2) P.O. Box 36104	Submitted on:						
Address (number and street) Panama City, FL 32412	7/9/2020 12:49:18 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 504						
(4) Check appropriate box(es):							
Candidate Office Sought: School Super	intendent						
Political Committee (PC)							
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							
Cover Period: From <u>5</u> / <u>1</u> / <u>2020</u> To	5/ 31/ 2020 Report Type:						
🗌 Original 🛛 Amendment 🗌 Sp	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$ , ,000	Expenditures \$,, <u>15</u> .29						
Loans \$,,0.00	Transfers to						
	Office Account \$,,,0.00						
Total Monetary \$ , , 0.00							
	Total Monetary \$,,,,						
In-Kind \$,, 0.00							
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, 40000	\$,, 72.88						
(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)						
(Type name)	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
x	x						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name Frank Luke				(2) I.D. Number <sub>504</sub>					
	5/1/2020			/31/2020						
(3) Cover Perio	od / /	thro	bugh	<i>II</i>	(4) Page	e <u>1</u>	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 Fran	URES				
(3) Cover Period	5/1/2020 /through_	5/31/2020 //	4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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) Amendment	(11) Amount
	Office Depot, 402 W 23rd Street Panama City, FL 32405	photocopies	MO	Add	\$15.29
_/ /					
_/ /					
_/ /					
_/_/					
_/_/					
_/ /					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES