CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Hope Lunsford	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1197674]							
(2) 1045 Peakview Dr Address (number and street)	Submitted on:							
Address (number and street) Pensacola, FL 32514	1/9/2020 23:57:20 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 638							
(4) Check appropriate box(es):								
X Candidate Office Sought: <u>ECUA</u> , Distri	ict 5							
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>12</u> / <u>1</u> / <u>2019</u> T	To <u>12</u> / <u>31</u> / <u>2019</u> Report Type: <u>M12</u>							
	Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , 000	Expenditures \$,,,,							
\$ 0.00								
Loans \$,, <u>0</u> .00	Transfers to Office Account \$, , 0 . 00							
Total Monetary \$, , 0.00	· · · · · · · · · · · · · · · · · · ·							
	Total Monetary \$,,,8 . 00							
In-Kind \$,,0.00	· · · · · · · · · · · · · · · · · · ·							
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, 20000	\$,,60							
(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, co								
(Type name)	(Type name)							
(Type name)	Candidate Chairperson (only for PC and PTY)							
or electioneering comm.)								
x	x							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Hope Lunsford</u>				(2) I.D. Number638					
	12/1/2019			2/31/2019					
(3) Cover Perio	od / /	thro	ough	I I	(4) Page	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									
/ /									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Hope	CAMPAIGN TREASURER'	_	D EXPENDIT (2) I.D. Numbei	638	
(3) Cover Period	12/1/2019 I/ _/through	12/31/2019 //	(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
	Bank of Pensacola, 500 South Palafox St Pensacola, FL 32502	bank charge	MO		\$8.00
_/ /					
_/ /					
_/ /					
_/ /					
//					
_/ /					
_/ /					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES