CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Hope Lunsford  Name  (2) 1045 Peakview Dr  Address (number and street)  Pensacola, FL 32514	OFFICE USE ONLY ONLINE SUBMISSION [1199913] Submitted on: 2/10/2020 21:13:07 (eastern)								
City, State, Zip Code  Check here if address has changed  (3) ID Number: 638  (4) Check appropriate box(es):  Candidate Office Sought: ECUA, District 5  Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Check here if PC or ECO has disbanded Party Executive Committee (PTY) Check here if PTY has disbanded Independent Expenditure (IE) (also covers an individual making electioneering communications)									
Cover Period: From 1 / 1 / 2020 To	t Identifiers  1 / 31 / 2020 Report Type: M1  ecial Election Report								
(6) Contributions This Report  Cash & Checks \$,,,000	(7) Expenditures This Report  Monetary Expenditures \$,,8 . 00								
Loans       \$	Transfers to Office Account \$ , , , 0 . 00								
In-Kind \$ , , 0 . 00	Total Monetary \$ , , 8 . 00								
(9) TOTAL Monetary Contributions To Date \$ , , _20000	(10) TOTAL Monetary Expenditures To Date \$ , , 58 60								
	tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete:  (Type name)  Candidate Chairperson (only for PC and PTY)  X Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Hope Lunsford (2) I.D. Number 638							
	1/1/2020			/31/2020		-	0
(3) Cover Perio	od / /	thro	ough	11_	(4) Pag	e	of 0
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1							
1 1							
J I							
J J							
1 1							
1 1							
J I							
J J							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name Hope	Lunsfo	rd				(2)	I.D. Nun	nber	(	538	
	1/1/2	2020		1/31/20	20						
(3) Cover Period	i /	1	through	1	1	(4)	Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
1/31/2020	Bank of Pensacola, 500 South Palafox St Pensacola, FL 32502	service charge	MO		\$8.00
1					
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DS-DE 14 (Rev.					