CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Hope Lunsford	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1208804]						
(2) 1045 Peakview Dr Address (number and street)	Submitted on:						
Address (number and street) Pensacola, FL 32514	6/7/2020 18:48:10 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number:638						
(4) Check appropriate box(es):							
X Candidate Office Sought: ECUA, Distric	st 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>5</u> / <u>1</u> / <u>202</u> 0 To	5/ 31/ 2020 Report Type:M5						
🖾 Original 🗌 Amendment 🗌 Sp	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 0 . 00	Expenditures \$, , , 8 . 00						
\$ 0.00	Transform						
Loans \$,, <u>0</u> . <u>00</u>	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						
\$, 1, 450 . 00	\$,, 29060						
(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, cor							
(Type name)	(Type name)						
or electioneering comm.)							
x	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Hope Lunsford	(2) I.D. Number638					38
	5/1/2020	5/31/2020					
(3) Cover Perio	od / /	thro	bugh	1 1	(4) Pag	e 1	of ⁰
					_ () 0	1 1 1	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						(
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
	1		*	5.812			
1 1							
	-						
1 1	-						
							2
1 1	-						
		s	-				
1 1	_						
1 1							
1 1							
	-						
1 1							
	-						
1 1	-						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Hope	Lunsford	(ITEMIZED EXPENDITURES (2) I.D. Number		
(3) Cover Period	5/1/2020 I/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
	Bank of Pensacola, 500 South Palafox St Pensacola, FL 32502	bank service fees	МО		\$8.00
_/ /					
_/ /					
_ / /					
_ / /					
_ / _					

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