

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lauren McPhaul

Name

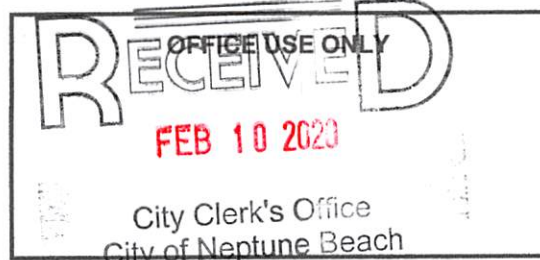
(2) 123 Cedar Street

Address (number and street)

Neptune Beach, FL 32266

City, State, Zip Code

☐ Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: _____

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 2020 To 1 / 31 / 2020 Report Type: M01-20

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 250 . 00

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 7 . 55

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 11, 950 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 7, 023 . 84

(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) Jonathan Hart

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]
Signature

(Type name) Lauren McPhaul

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _____ (2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lauren McPhaul

(2) I.D. Number M01-20

(3) Cover Period 1/1/2020 / / through 1/31/2020 / /

(4) Page 1 of 1

(5) Date	(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
(6) Sequence Number					
1/23/2020	Square 455 Market Street, Suite 600 San Francisco, CA 94103, USA	Processing Fee	CAN		7.55
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					