

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL ANNA PAULINA LUNA FOR CONGRESS																						
ADDRESS (number and street) 1201 GANDY BLVD N P.O. BOX 23064																						
CITY SAINT PETERSBURG		STATE FL		ZIP CODE 33742-8001																		
2. NAME OF CANDIDATE PAULINA LUNA, ANNA, , ,			3. OFFICE SOUGHT (State and District) House FL 13																			
4. FEC IDENTIFICATION NUMBER C00718239																						
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME GRAHAM, ANDREW, , , </td> <td> Name of Employer HCI GROUP </td> <td> Date (month, day, year) 10/22/2022 </td> <td> Amount 2900.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 1808 W HILLSBOROUGH AVE </td> <td colspan="2"> Transaction ID : 684F3F49912974B7C </td> <td></td> </tr> <tr> <td> CITY TAMPA </td> <td> STATE FL </td> <td> ZIP CODE 33606 </td> <td colspan="3"> Occupation LAWYER </td> </tr> </table>					A. FULL NAME GRAHAM, ANDREW, , ,			Name of Employer HCI GROUP	Date (month, day, year) 10/22/2022	Amount 2900.00	MAILING ADDRESS 1808 W HILLSBOROUGH AVE			Transaction ID : 684F3F49912974B7C			CITY TAMPA	STATE FL	ZIP CODE 33606	Occupation LAWYER		
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CITY TAMPA	STATE FL	ZIP CODE 33606	Occupation LAWYER																			
B. FULL NAME MCCLUNG, MACK, , ,			Name of Employer MACK MCCLUNG	Date (month, day, year) 10/22/2022	Amount 1000.00																	
MAILING ADDRESS 1720 WEST END AVE #600			Transaction ID : 6DD407F063D0C49D																			
CITY NASHVILLE	STATE TN	ZIP CODE 37203-2613	Occupation INVESTMENTS																			
C. FULL NAME 			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS 																						
CITY	STATE	ZIP CODE	Occupation																			
D. FULL NAME 			Name of Employer	Date (month, day, year)	Amount																	
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CITY	STATE	ZIP CODE	Occupation																			
SIGNATURE (optional) SATTERFIELD, DAVID, , ,			DATE 10/24/2022		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																	
[Electronically Filed]																						

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FEC FORM 6
(Revised 03/2016)