

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) John Carvelli
 Name
 (2) 183 N.W. Willow Grove Ave.
 Address (number and street)
Port St. Lucie, FL 34986
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1137818]

Submitted on:
 1/5/2017 10:19:46 (eastern)

Check here if address has changed

(3) ID Number: 280

(4) Check appropriate box(es):

- Candidate Office Sought: City of Port St. Lucie, City Council District 2
- Political Committee (PC)
- Electioneering Communications Org. (ECO) 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) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11 / 4 / 2016 To 2 / 5 / 2017 Report Type: G-TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 2 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 2 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 24 , 220 . 01

(10) TOTAL Monetary Expenditures To Date

\$, 24 , 220 . 01

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

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name John Carvelli (2) I.D. Number 280

11/4/2016 through 2/5/2017

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name John Carvelli

(2) I.D. Number 280

(3) Cover Period 11/4/2016 through 2/5/2017

(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
11/25/2016 / /	Carvelli, John 183 NW Willow Grove Ave Port St. Lucie, FL 34986	loan repayment	DI		\$400.00
1					
11/30/2016 / /	Harbor Community Bank, 600 Edwards Road Fort Pierce, FL 34982	paper fee	MO		\$2.00
2					
12/27/2016 / /	First Tee of Treasure Coast, 101 SE Central Parkway #150 Stuart, FL 34986	501(c)3 donation	DI		\$192.56
3					
/ /					
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