

## 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**  
 [1120784]  
 Submitted on:  
 8/18/2016 20:25:56 (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 8 / 6 / 2016 To 8 / 12 / 2016 Report Type: P6  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 25 . 00  
 Loans \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 25 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 454 . 97  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 454 . 97

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 12 , 490 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 10 , 348 . 29

### (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

8/6/2016 through 8/12/2016

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

(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
8/11/2016 / /	Gonsalves, Rita 1501 SE Hearne Ct. Port St. Lucie, FL 34952	I		CH			\$25.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name John Carvelli

(2) I.D. Number 280

(3) Cover Period 8/6/2016 through 8/12/2016

(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					
8/6/2016 / /	Staples, 1729 St. Lucie West Blvd. Port St. Lucie, FL 34986	copies & stamps	MO		\$65.75
1					
8/7/2016 / /	Home Depot, 700 SW St. Lucie West Blvd. Port St. Lucie, FL 34986	sign wire	MO		\$40.22
2					
8/12/2016 / /	Your Voice Newspaper, 1919 SW S. Macedo Blvd. Port St. Lucie, FL 34984	advertising	MO		\$349.00
3					
/ /					
/ /					
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