

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Chauncelor Roosevelt Howell
 Name

(2) 1698 Alberca Lane
 Address (number and street)
Port St Lucie, FL 34953
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1230445]

Submitted on:
 9/11/2020 11:23:38 (eastern)

Check here if address has changed (3) ID Number: 456

(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 / 22 / 2020 To 9 / 4 / 2020 Report Type: G2

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 \$, , 13 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 13 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 8 , 180 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 8 , 129 . 32

(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 Chauncelor Roosevelt Howell (2) I.D. Number 456

8/22/2020 9/4/2020

(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 Chauncelor Roosevelt Howell

(2) I.D. Number 456

(3) Cover Period 8/22/2020 through 9/4/2020

(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					
8/28/2020 //	Bank, TD 1660 SW St Lucie West Blvd Port St Lucie, FL 34986	bank maintenance fee& paper statement fee	MO		\$13.00
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