	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Chauncelor Roosevelt Howell	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION [1209751]						
(2)	1698 Alberca Lane	Submitted on:						
	Address (number and street)	6/10/2020 13:43:32 (eastern)						
	Port St Lucie, FL 34953							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 456						
(4)	Check appropriate box(es):							
		St. Lucie, City Council District 2						
	Political Committee (PC)	Charle have if DC as ECO has dishanded						
		☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	: Identifiers						
Cove	• • •							
	er Period: From $\frac{5}{2}$ / $\frac{1}{2}$ / $\frac{2020}{2020}$ To							
X O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	h & Checks \$, , <u>700</u> . <u>00</u>	Expenditures \$, , 0 . 00						
•	\$ 5 000 00	<u></u>						
Loar	ns \$,5 ,00000	Transfers to Office Account \$						
Tato	Il Monetary \$, 5 , 700 . 00	Office Account \$, , , 0 . 00						
TOla	Il Monetary \$,5 , 700 . 00	Total Monetary \$. 0 . 00						
I IZ:		Total Monetary \$, , , 0 . 00						
In-Ki	ind \$,,,000	(O) Other Distributions						
		(8) Other Distributions \$, , 0.00						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, , <u>0</u> . <u>00</u>						
	(11) Cert It is a first degree misdemeanor for any perso							
م ا								
I certify that I have examined this report and it is true, correct, and complete:								
_(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
Si	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Chauncelor Roosevelt Howell			(2) I.D. Number 456					
	5/1/2020	0		5/31/	2020				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
5/5/2020	Howard, Rudolph 479 SW Homeland Road Port Saint Lucie, FL 34953	İ		СН	·		\$100.0
5/20/2020	Coleman, John 709 Myakka River Trace Port Saint Lucie, FL 34986	I		СН			\$100.0
5/26/2020	Matheny, Brenda 2247 SE Carnation Road Port Saint Lucie, FL 34952	I	retired	СН			\$200.0
5/28/2020	Thrower, Arsie 5 Titonka Court Derwood, MD 20855	I	retired	СН			\$300.0
5/31/2020	Howell, Chauncelor 1698 SW Alberca Lane Port Saint Lucie, Fl 34953	S	president, tcbcc	LO			\$5,000.0
I I							
1 1							
1 1							

Cover Period _	5/1/2020 5/ <u>/</u> <u>/</u> through	31/2020	1) Page1	of	0
(5) Date (6) Sequence Number	(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)	(11)
//					
//					
//					
//					
//					
//					

//							
//							
//							
DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES							