

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**

People Of Principle

ADDRESS (number and street) 7378 W. Atlantic Blvd
347
Margate FL 33063

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00694315

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [07] / [01] / [2020] through [09] / [30] / [2020]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Brown, Charmalin, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Brown, Charmalin, , ,* [Electronically Filed] Date [01] / [04] / [2021]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

People Of Principle

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="42175.00"/>	<input type="text" value="42175.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="42175.00"/>	<input type="text" value="42175.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32453.10"/>	<input type="text" value="32453.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9721.90"/>	<input type="text" value="9721.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

People Of Principle

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42000.00	42000.00
(ii) Unitemized	175.00	175.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	42175.00	42175.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	42175.00	42175.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	42175.00	42175.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	42175.00	42175.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	32453.10	32453.10
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32453.10	32453.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32453.10	32453.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42175.00	42175.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42175.00	42175.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
People Of Principle

A. BL/Worldwide

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1314 East Las Olas Blvd

City Ft. Lauderdale	State FL	Zip Code 33301
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2020

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
1000.00

Memo Item

B. Canterbury Square, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6400 N. Andrews Ave
Suite 490

City Fort Lauderdale	State FL	Zip Code 33309
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2020

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
1000.00

Memo Item

C. Carl's Seafood Restaurant, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2934 N. State Road 7

City Lauderdale Lakes	State FL	Zip Code 33313
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2020

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
People Of Principle

A. Dale's Wheels & Tires Direct, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 W. Sunrise Blvd.

City Ft. Lauderdale	State FL	Zip Code 33311
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2020

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
2500.00

Memo Item

B. Dale's Wheels & Tires Direct, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 W. Sunrise Blvd.

City Ft. Lauderdale	State FL	Zip Code 33311
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2020

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period
2500.00

Memo Item

C. DuMornay, Wilson, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9534 Ginger Court

City Parkland	State FL	Zip Code 33076
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2020

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
People Of Principle

A. Foster, Derrick, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16520 NW 11th Ct
 City: Pembroke Pines, State: FL, Zip Code: 33028
 FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): Occupation (for Individual):
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 10 / 2020
Transaction ID : SA11AI.4108
 Amount of Each Receipt this Period: 1000.00
 Memo Item

B. Fresh N Clean Coin Laundry, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 N. State Rd. 7
 City: Lauderhill, State: FL, Zip Code: 33313
 FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): Occupation (for Individual):
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 2500.00

Date of Receipt: 08 / 06 / 2020
Transaction ID : SA11AI.4135
 Amount of Each Receipt this Period: 2500.00
 Memo Item

C. Gelin Benefits Group
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6750 N. Andrews Ave. Suite 200
 City: Fort Lauderdale, State: FL, Zip Code: 33309
 FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): Occupation (for Individual):
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 / 12 / 2020
Transaction ID : SA11AI.4115
 Amount of Each Receipt this Period: 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
People Of Principle

A. Golf Villas Square
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6400 N. Andrews Ave
Suite 490

City Ft. Lauderdale State FL Zip Code 33309

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2020

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period
1000.00

Memo Item

B. Greg Brewton and Associates, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6410 SW 183rd Way

City Southwest Ranches State FL Zip Code 33331

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2020

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
2500.00

Memo Item

C. Holness, Gregory, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11011 Tarpon Bay Ct.

City Tamarac State FL Zip Code 33321

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2020

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
People Of Principle

A. Lauder Ridge Apartments, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6400 N. Andrews Ave.
 Suite 490
 City Fort Lauderdale State FL Zip Code 33309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 13 / 2020**
Transaction ID : SA11AI.4125
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Marshall, Lorraine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3485 Inverrary Boulevard West
 City Lauderhill State FL Zip Code 33319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 05 / 2020**
Transaction ID : SA11AI.4145
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Master Living, Inc.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3831 NW 8th St
 City Ft. Lauderdale State FL Zip Code 33311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **08 / 10 / 2020**
Transaction ID : SA11AI.4137
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
People Of Principle

A. Murray, Barrington, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12350 NW 23 Ct
 City Plantation State FL Zip Code 33323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **07 / 13 / 2020**
Transaction ID : SA11AI.4117
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Oakland Hills Square
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6400 N. Andrews Ave Suite 490
 City Ft. Lauderdale State FL Zip Code 33309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 13 / 2020**
Transaction ID : SA11AI.4121
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Peters, Unique, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 629 Candlestick Ln
 City Newark State DE Zip Code 19702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Fresenius Medical Care Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt **07 / 14 / 2020**
Transaction ID : SA11AI.4143
 Amount of Each Receipt this Period 6000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
People Of Principle

A. Robert CL Vaughan PA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Financial Plaza
Suite 2001

City Fort Lauderdale State FL Zip Code 33394

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2020

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period
5000.00

Memo Item

B. The Orel O Powell Trust
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3005 N. Oakland Forest Drive
Apt. 201

City Oakland Park State FL Zip Code 33309

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2020

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period
1000.00

Memo Item

C. Veterans Security Corp of America, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3020 N. Federal Highway
Bldg 7A

City Ft. Lauderdale State FL Zip Code 33306

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2020

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
People Of Principle

A. Vilme, Pierre, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13913 Southwest 42nd Street
 City Davie State FL Zip Code 33330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maroon Equity Partners Occupation (for Individual) Private Equity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 13 / 2020
Transaction ID : SA11AI.4149
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Westway Towing, Inc.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3681 W. Oakland Park Blvd.
 City Lauderdale Lakes State FL Zip Code 33311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 15 / 2020
Transaction ID : SA11AI.4131
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. Williams, McKinley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 Brickell Ave Unit 310726
 City Miami State FL Zip Code 33231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Private Equity Investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 06 / 2020
Transaction ID : SA11AI.4147
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
People Of Principle

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Windsor Forest Apartments, LLC

Mailing Address 6400 N. Andrews Ave.
Suite 490

City Ft. Lauderdale State FL Zip Code 33309

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2020

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	42000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) People Of Principle
FEC IDENTIFICATION NUMBER C C00694315

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Anedot
Mailing Address P.O. Box 84314
City Baton Rouge State LA Zip Code 70884
Purpose of Expenditure Processing Fee Category/Type 003
Date of Public Distribution/Dissemination
Amount 240.30
Transaction ID : SE.4157
Date of Disbursement or Obligation 07 / 14 / 2020

Name of Federal Candidate: HASTINGS, ALCEE L, ,
Support Oppose
Office Sought: House Senate State: FL District: 20
Calendar Year-To-Date Per Election for Office Sought 240.30
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Anedot
Mailing Address P.O. Box 84314
City Baton Rouge State LA Zip Code 70884
Purpose of Expenditure Processing Fee Category/Type 003
Date of Public Distribution/Dissemination
Amount 10.30
Transaction ID : SE.4159
Date of Disbursement or Obligation 07 / 31 / 2020

Name of Federal Candidate: HASTINGS, ALCEE L, ,
Support Oppose
Office Sought: House Senate State: FL District: 20
Calendar Year-To-Date Per Election for Office Sought 250.60
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 250.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brown, Charmalin, ,

[Electronically Filed]

Date 01 / 04 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) People Of Principle
FEC IDENTIFICATION NUMBER C C00694315

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Anedot
Mailing Address P.O. Box 84314
City Baton Rouge State LA Zip Code 70884
Purpose of Expenditure Processing Fee Category/Type 003
Date of Public Distribution/Dissemination
Amount 40.30
Transaction ID : SE.4160
Date of Disbursement or Obligation 08/06/2020

Name of Federal Candidate: HASTINGS, ALCEE L, ,
Support Oppose
Office Sought: House District: 20
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 20290.90
Disbursement For: Primary General 2020
Other (specify)

Full Name of Payee Anedot
Mailing Address P.O. Box 84314
City Baton Rouge State LA Zip Code 70884
Purpose of Expenditure Processing Fee Category/Type 003
Date of Public Distribution/Dissemination
Amount 100.30
Transaction ID : SE.4161
Date of Disbursement or Obligation 08/13/2020

Name of Federal Candidate: HASTINGS, ALCEE L, ,
Support Oppose
Office Sought: House District: 20
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 20391.20
Disbursement For: Primary General 2020
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 140.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brown, Charmalin, , [Electronically Filed] Date 01/04/2021
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) People Of Principle	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00694315 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Anedot	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address P.O. Box 84314	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.30</div>
City Baton Rouge State LA Zip Code 70884	Transaction ID : SE.4162 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 13 / 2020</div>
Purpose of Expenditure Processing Fee	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>
Name of Federal Candidate: HASTINGS, ALCEE L, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>20</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">20411.50</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Anedot	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address P.O. Box 84314	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40.30</div>
City Baton Rouge State LA Zip Code 70884	Transaction ID : SE.4163 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 13 / 2020</div>
Purpose of Expenditure Processing Fee	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>
Name of Federal Candidate: HASTINGS, ALCEE L, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>20</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">20451.80</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">60.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brown, Charmalin, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y

01 / 04 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) People Of Principle
FEC IDENTIFICATION NUMBER C C00694315

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Anedot
Mailing Address P.O. Box 84314
City Baton Rouge State LA Zip Code 70884
Purpose of Expenditure Category/Type 003
Date of Public Distribution/Dissemination
Amount 1.30
Transaction ID : SE.4164
Date of Disbursement or Obligation 08 / 15 / 2020

Name of Federal Candidate: HASTINGS, ALCEE L, ,
Support Oppose
Office Sought: House District: 20
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 20453.10
Disbursement For: Primary General 2020
Other (specify)

Full Name of Payee A Star For I
Mailing Address 367 Berenger Walk
City Royal Palm Beach State FL Zip Code 33414
Purpose of Expenditure Marketing Category/Type 004
Date of Public Distribution/Dissemination
Amount 20000.00
Transaction ID : SE.4165
Date of Disbursement or Obligation 08 / 03 / 2020

Name of Federal Candidate: HASTINGS, ALCEE L, ,
Support Oppose
Office Sought: House District: 20
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 20250.60
Disbursement For: Primary General 2020
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 20001.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Brown, Charmalin, , [Electronically Filed] Date 01 / 04 / 2021
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) People Of Principle	FEC IDENTIFICATION NUMBER ▼ C C00694315
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Check if 24-hour report 48-hour report **▶** New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item A Star For I	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 367 Berenger Walk	Amount <input type="text"/> 12000.00
City Royal Palm Beach State FL Zip Code 33414	Transaction ID : SE.4167 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Marketing Category/Type <input type="text"/> 003	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: HASTINGS, ALCEE L, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 20 State: FL
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 32453.10	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: State:
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 12000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/> 32453.10

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brown, Charmalin, , , [Electronically Filed] Date / / **01 / 04 / 2021**

Signature