

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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 / 03 / 2020 in the State of FL

5. Covering Period 10 / 15 / 2020 through 11 / 23 / 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"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10004.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5500.00"/>	<input type="text" value="51675.00"/>
(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="15504.18"/>	<input type="text" value="51675.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10809.71"/>	<input type="text" value="46980.53"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4694.47"/>	<input type="text" value="4694.47"/>
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

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Page 3

Write or Type Committee Name

People Of Principle

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 15 / 2020 To: M M / D D / Y Y Y Y Y Y
11 / 23 / 2020

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).....	5000.00	51000.00
(ii) Unitemized	0.00	175.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5000.00	51175.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5500.00	51675.00
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)).....▶	5500.00	51675.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5500.00	51675.00

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)	10809.71	46980.53
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)) ..	10809.71	46980.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10809.71	46980.53

DETAILED SUMMARY PAGE
of Disbursements

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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)	5500.00	51675.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5500.00	51675.00
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 10
<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

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. Estate Investments Group, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 SW 70th St.
 Suite 200
 City South Miami State FL Zip Code 33143
 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 ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2020
Transaction ID : SA11AI.4191
 Amount of Each Receipt this Period
 3000.00
 Memo Item

B. 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 ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2020
Transaction ID : SA11AI.4193
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Superior Hospitality Group LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9168 Balmoral Mews Square
 City Windermere State FL Zip Code 34786
 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
 10 / 16 / 2020
Transaction ID : SA11AI.4181
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**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 7 OF 10
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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
Local Home Builders PAC

Mailing Address 2600 Centennial Place

City Tallahassee	State FL	Zip Code 32308
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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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2020

Transaction ID : SA11C.4189

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City	State	Zip Code
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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 M	/	D D D	/	Y Y Y Y Y Y
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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

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 Levers, Hanique, , , Memo Item
Mailing Address 906 S Dixie Court Apt 202
City Fort Lauderdale State FL Zip Code 33311
Purpose of Expenditure Consulting Category/Type 001
Date of Public Distribution/Dissemination
Amount 750.00
Transaction ID : SE.4188
Date of Disbursement or Obligation 10 / 20 / 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 9244.22
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee Levers, Hanique, , , Memo Item
Mailing Address 906 S Dixie Court Apt 202
City Fort Lauderdale State FL Zip Code 33311
Purpose of Expenditure Consulting Category/Type 001
Date of Public Distribution/Dissemination
Amount 1250.00
Transaction ID : SE.4186
Date of Disbursement or Obligation 11 / 06 / 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 14527.43
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2000.00
(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 Speedy Print
Mailing Address 5270 N. State Road 7
City Fort Lauderdale State FL Zip Code 33309
Purpose of Expenditure Printing Category/Type 004
Date of Public Distribution/Dissemination
Amount 1900.00
Transaction ID : SE.4184
Date of Disbursement or Obligation 10 / 23 / 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 13277.43
Disbursement For: Primary General 2020
Other (specify)

Full Name of Payee US Postal Service
Mailing Address 1900 W Oakland Park Blvd
City Oakland Park State FL Zip Code 33310
Purpose of Expenditure Postage Category/Type 004
Date of Public Distribution/Dissemination
Amount 4776.50
Transaction ID : SE.4179
Date of Disbursement or Obligation 10 / 19 / 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 8494.22
Disbursement For: Primary General 2020
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 6676.50
(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 / /

Full Name of Payee <input type="checkbox"/> Memo Item US Postal Service	Date of Public Distribution/Dissemination / / 			
Mailing Address 1900 W Oakland Park Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.21</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Oakland Park</td> <td style="width:17%; border-bottom: 1px solid black;">State FL</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 33310</td> </tr> </table>		City Oakland Park	State FL	Zip Code 33310
City Oakland Park		State FL	Zip Code 33310	
Purpose of Expenditure Postage Category/Type 004				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose HASTINGS, ALCEE L, ,	Office Sought: <input checked="" type="checkbox"/> House District: 20 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL			
Calendar Year-To-Date Per Election for Office Sought 11377.43	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination / / 			
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:17%; border-bottom: 1px solid black;">State</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code</td> </tr> </table>		City	State	Zip Code
City		State	Zip Code	
Purpose of Expenditure Category/Type 				
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought 	Disbursement For: <input 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; display: inline-block;">2133.21</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10809.71</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 01 / 04 / 2021

Signature