CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) John M Drew Name	OFFICE USE ONLY ONLINE SUBMISSION [1305784]							
(2) Address (number and street) Yulee, FL 32097 City, State, Zip Code	Submitted on: 4/9/2024 15:28:17 (eastern)							
Check here if address has changed	(3) ID Number:700							
 (4) Check appropriate box(es): 								
(5) Report	t Identifiers							
Cover Period: From <u>1</u> / <u>1</u> / <u>2024</u> To ⊠ Original □ Amendment □ Specified	<u>3</u> / <u>31</u> / <u>2024</u> Report Type: <u>Q1</u> ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$,,,000	Monetary Expenditures \$							
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,,0							
Total Monetary \$	Total Monetary \$, , , 0 . 00							
	(8) Other Distributions \$,,,0.							
(9) TOTAL Monetary Contributions To Date \$,,,0.	(10) TOTAL Monetary Expenditures To Date \$,,,							
(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)	(Type name)							
X Signature	X Signature							

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	John M Drew	(2) I.D. Number					00
	1/1/2024			/31/2024			
(3) Cover Perio	od//	thro			(4) Pag	e ¹	of ¹
× /	· · · · · · · · · · · · · · · · · · ·			· · · · · ·	_ (/ 3	2 9 <u></u>	· · · · · ·
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		(-)	(c)	()	()	()
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
	Drew, John M		tax	IK	paper &		\$30.0
2/20/2024	***Protected Voter***		collector		ink for		
1	-				printing petition cards. zip lock bags.		
1 1	-						
1 1	-						
1 1	-						
1 1	_						
1 1							
1 1							
1 1	_						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name John M Drew (2) I.D. Number 700							
(3) Cover Period	1/1/2024 /through	3/31/2024	(4) Page <u>1</u>	of_	0		
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)		
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount		
_/ /							
//							
11							
_/ /							
_/ /							
11							
11							

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES