

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Samuel St John  
 Name  
 (2) 14989 104th St  
 Address (number and street)  
Live Oak, FL 32060  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1284356]

Submitted on:  
 10/16/2022 20:31:19 (eastern)

Check here if address has changed

(3) ID Number: 291

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 9 / 1 / 2022 To 9 / 30 / 2022 Report Type: M9

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   1   , 000 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   1   , 000 . 00

In-Kind \$      ,      ,   0   . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      ,   0   . 00

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,      ,   0   . 00

### (8) Other Distributions

\$      ,      ,   0   . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,   3   , 000 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      ,   0   . 00

### (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 Samuel St John (2) I.D. Number 291

(3) Cover Period 9/1/2022 through 9/30/2022 (4) Page 1 of 1

(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
9/10/2022 / /	Sanchez , Virginia 479 NE 446 St Old Torn, FL 32680	I	business owner	CH			\$1,000.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Samuel St John

(2) I.D. Number 291

(3) Cover Period 9/1/2022 through 9/30/2022

(4) Page 1 of 0

(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					
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