

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Samuel McGrew  
 Name  
 (2) 88 Homan Point Ave  
 Address (number and street)  
Crawfordville, FL 32327  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1264943]

Submitted on:  
 6/21/2022 15:17:59 (eastern)

Check here if address has changed

(3) ID Number: 106

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 4
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 6 / 1 / 2022 To 6 / 17 / 2022 Report Type: P1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   2   , 200 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   2   , 200 . 00

In-Kind \$      ,      ,   0   . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,   2   , 164 . 44

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,   2   , 164 . 44

### (8) Other Distributions

\$      ,      ,   0   . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,   2   , 200 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,   2   , 164 . 44

### (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 McGrew (2) I.D. Number 106  
 (3) Cover Period 6/1/2022 through 6/17/2022 (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
6/16/2022 / /	McGrew, Samuel G 88 Homan Point Ave Crawfordville, FL 32327	S	auditor	CH			\$2,200.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Samuel McGrew

(2) I.D. Number 106

(3) Cover Period 6/1/2022 through 6/17/2022

(4) Page 1 of 1

(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					
6/16/2022 //	THE WAKULLA SUPERVISOR OF ELEC, 3115 B CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327	qualifying fee for district 4 county commission election	MO		\$2,164.44
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