

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
 [1269934]
 Submitted on:
 7/21/2022 13:25:38 (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 7 / 2 / 2022 To 7 / 15 / 2022 Report Type: P3
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 390 . 00
 Loans \$, , 0 . 00
 Total Monetary \$, , 390 . 00
 In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 1 . 20
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 1 . 20

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, , 3 , 940 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 3 , 450 . 11

(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 7/2/2022 through 7/15/2022 (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) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
7/7/2022 / /	MCGREW, JANICE 88 HOMAN POINT AVE CRAWFORDVILLE, FL 32327	I	banker	CH			\$5.00
1							
7/7/2022 / /	WILSON, BARBARA ***Protected Voter***	I	unemployed	CH			\$35.00
2							
7/7/2022 / /	SPIVEY, DENISE 7 MARIE CIRCLE CRAWFORDVILLE, FL 32327	I	professor	CH			\$250.00
3							
7/11/2022 / /	WATKINS, EUGENE 35 ROUGH CUT RD CRAWFORDVILLE, FL 32327	I	retired	CH			\$100.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Samuel McGrew

(2) I.D. Number 106

(3) Cover Period 7/2/2022 through 7/15/2022

(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					
7/7/2022 // 1	ANEDOT , 1340 Poydras Street Suite 1770 NEW ORLEANS, LA 70112	user fee processing fees	MO		\$1.20
//					
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