CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Nicholas Thomas	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1200603]							
(2) 707 Juniper Road	Submitted on:							
Address (number and street)	3/3/2020 02:21:38 (eastern)							
Quincy, FL 32351 City, State, Zip Code								
	(2) ID Number 100							
Check here if address has changed	(3) ID Number: 199							
(4) Check appropriate box(es):								
Candidate Office Sought: <u>Clerk of Cou</u> Political Committee (PC)	rts							
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 <u>2</u> / <u>1</u> / <u>2020</u> To	o <u>2</u> / <u>29</u> / <u>2020</u> Report Type: <u>M2</u>							
☐ Original	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$ , , 00	Expenditures \$,, 20 . 80							
<b>(</b>								
Loans \$,, <u>0</u> .00	Transfers to Office Account \$							
<b>*</b> • • • • • • • • • • • • • • • • • • •	Office Account \$ , , , 00							
Total Monetary \$,,,	Total Monetary \$ . 20.80							
<b>\$</b> 0.00	Total Monetary \$ , , , 80							
In-Kind \$,,000	(8) Other Distributions							
	(8) Other Distributions \$,,,000							
	·,,							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>300</u> . <u>00</u>	\$,, <u>70</u> . <u>80</u>							
	ertification rson to falsify a public record (ss. 839.13, F.S.)							
I certify that I have examined this report and it is true, co								
(Type name) ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	X							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name					(2) I.D. Number				
	2/1/2020		2	2/29/2020					
(3) Cover Perio	od / /	thro	bugh	11	(4) Pag	e _1	of		
	I								
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &		ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1	-								
1 1									
			-						
1 1									
1 1									
NY 20									
1 1									
1 1									
			-						
<u> </u>									
			o						
1 1									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Nich	CAMPAIGN TREASURER'S I		EXPENDITURES I.D. Number 199		
(3) Cover Period	2/1/2020 2, I/through	/29/2020	4) Page <u>1</u>	of	1
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)
Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
2/21/2020	<pre>supervisor of elections, p o box 186 quincy, fl 32353</pre>	verify petitions	МО		\$20.80
_/ /					
_/ /					
11					
11					
_/ /					

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