	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Nicholas Thomas	OFFICE USE ONLY
	Name	ONLINE SUBMISSION
(2)	707 Juniper Road	Submitted on:
	Address (number and street)	4/6/2020 07:03:07 (eastern)
	Quincy, FL 32351 City, State, Zip Code	
	☐ Check here if address has changed	(3) ID Number: 199
(4)	Check appropriate box(es):	(6)
(")	☐ Candidate Office Sought: Clerk of Cour	ts
	Political Committee (PC)	
	☐ Electioneering Communications Org. (ECO)	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
	individual making electioneering communications)	Check here if no other in or no reports will be med
_		dentifiers
	er Period: From $\frac{3}{2}$ / $\frac{1}{2}$ / $\frac{2020}{2020}$ To	3 / 31 / 2020 Report Type: <u>M3</u>
X O	Original Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
	_	Monetary
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , _15 . 90
1	• • • • • • • • • • • • • • • • • • •	To a section Ass
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , , 0 . 00
Tota	al Monetary \$, , 0 . 00	,,,
1014	,,,,,,	Total Monetary \$, , _15 . 90
In-Ki	ind \$, , 0.00	, , , , , , , , , , , , , , , , , , , ,
		(8) Other Distributions
		\$,, ooo
'		
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$, <u>300</u> 00	\$, , <u>86</u> . <u>70</u>
	(11) Cert	tification
	It is a first degree misdemeanor for any person	on to falsify a public record (ss. 839.13, F.S.)
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:
(T	ype name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
Х		X
	ignature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Nicholas Thomas			2) I.D. Numbe	∍r1	99
	3/1/2020		3/31/2020			
(3) Cover Perio	od//	through	1 1	(4) Pag	je ¹	of ⁰
			37 1		1	
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name				X = 37	
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupati		Description	Amendment	Amount
3	300		3.72	År År		
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87 K	-					
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1 1						
1 1						
I° I						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nic	cholas	Thom	as				 (2) I.D. Nun	nber		199	3
	3,	/1/20	20		3/31/20	020	~ ~				
(3) Cover Peri	od	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/23/2020	supervisor of elections, p o box 186 quincy, fl 32353	verify petitions	МО		\$15.90
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DS-DE 14 (Rev.					