CAMPAIGN TREASURER'S REPORT SUMMARY											
(1)	Marcus Bernard Nicolas	OFFICE USE ONLY									
` '	Name	ONLINE SUBMISSION									
(2)	902 Barrie Ave	Submitted on:									
	Address (number and street)	10/16/2021 16:44:34 (eastern)									
	Tallahassee, FL 32303										
	City, State, Zip Code	(0) 10 N 1									
	Check here if address has changed	(3) ID Number: 636									
(4)	Check appropriate box(es):										
	Candidate Office Sought: Leon County S	chool Board - District 5									
	☐ 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	Check here if no other IE or EC reports will be filed									
	individual making electioneering communications)										
(5) Report Identifiers											
Cove	er Period: From 9 / 1 / 2021 To	9 / 30 / 2021 Report Type: 21M9									
o [riginal Amendment Spe	ecial Election Report									
(6)	Contributions This Report	(7) Expenditures This Report									
		Monetary									
Cash	n & Checks \$, , 0 . 00	Expenditures \$, , 0.00									
											
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to									
	•	Office Account \$, , , 0 . 00									
Tota	I Monetary \$, ,000	T () I M () ()									
	•	Total Monetary \$, , , 0 . 00									
In-Ki	and \$,,,0 . 00										
		(8) Other Distributions									
		\$, , <u>0</u> . <u>00</u>									
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date									
	\$, <u>12</u> , <u>599</u> . <u>92</u>	\$									
	(11) Cerl It is a first degree misdemeanor for any pers										
Lo											
I certify that I have examined this report and it is true, correct, and complete:											
	ype name)	(Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)									
Х		X									
	gnature	Signature									

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mar	Marcus Bernard Nicolas			(2) I.D. Number				636		
	9/1/2021	<u>-</u>		9/30/	2021					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of ¹		

(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor	Contribution Type	In-kind Description	Amendment	Amount
9/29/2021	McClain, Daphne and Brian 3387 Woodhill Dr. Tallahassee, FL 32303	l Î	teacher	СН		Delete	\$30.0
9/29/2021	McClain, Daphne 3387 Woodhill Dr. Tallahassee, FL 32303	I	teacher	СН		Add	\$30.0
9/21/2021	Rosenberg, Elliot and Cathy 2042 Greenwood Dr. Tallahassee, FL 32303	I	financial planner	СН		Delete	\$200.0
9/21/2021	Rosenberg, Elliot 2042 Greenwood Dr. Tallahassee, FL 32303	I	financial planner	СН		Add	\$200.0
j. j							
f I							
1 1							
1 1							

(1) Name Marcu	D EXPENDIT (2) I.D. Number				
	9/1/2021	9/30/2021		4	
(3) Cover Period	/through		(4) Page1	of _	0
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought it contribution to a candidate)	Expenditure Type	Amendment	Amount
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1 1					
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