

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nicole Heilman Wilson  
 Name  
 (2) PO Box 2224  
 Address (number and street)  
Windermere, FL 34786  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1303338]

Submitted on:  
 2/13/2024 22:55:12 (eastern)

Check here if address has changed

(3) ID Number: 1179

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 1
- 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 1 / 1 / 2024 To 1 / 31 / 2024 Report Type: M1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,   3   , 475 . 00

Loans \$        ,        ,   0   . 00

Total Monetary \$        ,   3   , 475 . 00

In-Kind \$        ,        ,   0   . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        ,   0   . 00

Transfers to Office Account \$        ,        ,   0   . 00

Total Monetary \$        ,        ,   0   . 00

### (8) Other Distributions

\$        ,        ,   0   . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,   6   , 436 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        ,   0   . 00

### (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 Nicole Heilman Wilson (2) I.D. Number 1179  
 1/1/2024 through 1/31/2024  
 (3) Cover Period / / through / / (4) Page 1 of 2

(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
1/17/2024 / /	Wilson, Nicole ***Protected Voter***	S	attorney	CH			\$1,000.00
1							
1/29/2024 / /	Windmiller, Susan 17617 Woodfield Hill Ct Orlando, FL 32820	I		CH			\$25.00
2							
1/21/2024 / /	Moses , Joelynn ***Protected Voter***	I	sales	CH			\$100.00
3							
1/20/2024 / /	Halperin, Andrea 8501 French Oak Dr. Orlando, FL 32835	I		CH			\$50.00
4							
1/20/2024 / /	Falbo, Terri 1038 Windswept Ct Orlando , FL 34761	I	caregiver	CH			\$50.00
5							
1/19/2024 / /	Windmiller, Susan 17617 Woodfield Hill Ct Orlando , FL 32820	I		CH			\$25.00
6							
1/13/2024 / /	Shirley, Suzi ***Protected Voter***	I	program admin	CH			\$200.00
7							
1/12/2024 / /	McNamara , Paris 332 Fullers Cross Rd Winter Garden , FL 34787	I	self employed	CH			\$1,000.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nicole Heilman Wilson (2) I.D. Number 1179  
 1/1/2024 through 1/31/2024  
 (3) Cover Period / / through / / (4) Page 2 of 2

(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							
1/12/2024 / /	Slaten, Cheryl 607 Wisteria Ct Kissimmee, FL 34747	I	attorney	CH			\$500.00
9							
1/12/2024 / /	Anderson, Angela 14718 Masthead Landing Circle Winter Garden , FL 34777	I	office manager	CH			\$25.00
10							
1/30/2024 / /	Wilson, James ***Protected Voter***	I	physician	CH			\$500.00
11							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nicole Heilman Wilson

(2) I.D. Number 1179

(3) Cover Period 1/1/2024 through 1/31/2024

(4) Page 1 of 0

(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					
/ /					
/ /					
/ /					
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