

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Les Nichols  
 Name  
 (2) 931 Tangled Oaks Dr  
 Address (number and street)  
Sarasota, FL 34232  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1297648]  
 Submitted on:  
 6/27/2023 08:45:16 (eastern)

Check here if address has changed (3) ID Number: 1097

(4) Check appropriate box(es):  
 Candidate Office Sought: County Commissioner, Dist. 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 6 / 1 / 2023 To 6 / 30 / 2023 Report Type: M6  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 200 . 00  
 Loans \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 200 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 50 . 00  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 50 . 00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 5 , 550 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 2 , 216 . 70

### (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 Les Nichols (2) I.D. Number 1097  
 (3) Cover Period 6/1/2023 through 6/30/2023 (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
6/1/2023 / /	Brechtbill , Colin 808 N State St Jackson, MS 39202	I	coo us home agg	CH			\$200.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Les Nichols

(2) I.D. Number 1097

(3) Cover Period 6/1/2023 through 6/30/2023

(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					
6/1/2023 //	CC, Capital One P.O Box 30285 Salt lake city,, UT 84130	cc payment	MO		\$50.00
1					
//					
//					
//					
//					
//					
//					
//					