1

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	uide explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI BRIAN K	OFFICE USE ONLY
INVAIVIL	NICKNAME LAST SUFFIX	Date Received WALLECT
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE PO BOX 352 HEMPSTURES TO 77445	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 921-0554	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI M/L ANT/bwy C NICKNAME LAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#, CITY; STATE; /202 Al/ANCOST WALK 7x	ZIP CODE 77484
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 372 9/22	· · · · · · · · · · · · · · · · · · ·
9 REPORTTYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day OI 81 08 THROUGH O2 04 /	2008
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Sheniff)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the Candidates are required to disclose this information only if they receive notification of Name	he candidate's prior consent or approval. the direct campaign expenditure. ••
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers)
	K. Nichols		
17 NOTICE FROM POLITICAL COMMITTEE(S)	may have been mad	tice of political expenditures by political committees to support the cand e without the candidate's or officeholder's knowledge or consent. Candid if they receive notice of such expenditures. ••	idate / officeholder. These expenditures ates and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
·	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
	.,		
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS), UNLESS ITEMIZED	\$ 100.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3150.00
EXPENDITURE TOTALS	3. TOTAL S	\$ D	
	4. TOTAL	POLITICAL EXPENDITURES	\$ //07.65
CONTRIBUTION BALANCE	5. TOTAL F	\$ 2042.35	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ -8-
19 AFFIDAVIT			
NO.	OTARY PUBLIC TATE OF TEXAS OMM. EXP. 7-11-201	is true and correct and includes all ime under Title 15, Election Code.	perjury, that the accompanying report formation required to be reported by
A CONTRACTOR OF THE PROPERTY O		Signature of Candi	date or Officeholder
AFFIX NOTARY STAMP	/ SEAL ABOVE		,
Sworn to and subscrib	ed before me, by t	he said	, this the 4 day
of February, 20	0.08 , to cert	ify which, witness my hand and seal of office.	
Miaa'k	llu	mania A. Kelly	
Signature of officer adr	ministering oath	Printed name of officer administering oath Til	tle of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAM BRIAN			3 ACCOUNT# (Eth	nics Commission filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
, , , , ,	36 Contributor address; City; State; Zip Code 36 100 FM 1488 Hemps	ead 10 774	(If travel outside o	l 		
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#: TAT AUTOMOTIVE		Amount of contribution (\$)	In-kind contribution description (if applicable)		
6-10-08	Contributor address; City; State; Zip Code		750.00	ł 		
	HEMPSTERD TX 77445		(If travel outside o	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See I				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)		
1-11-08	Contributor address; City; State; Zip Code 4432 Hwy 36 N		500.00	 		
	Bellville TX 77418		(If travel outside o	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)		
1-17-08	Contributor address; City; State; Zip Code /206 11 # 57.		1000.			
	HEMPSTEAD TO 77445		(If travel outside o	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
1-19-08	BRAO QUAIIS Contributor address: City: State: Zip Code 1450 104 ST. HEMBTERD	マ つつりに	500			
	THE TOP ST. PLEMPSTER	12 //143	(If travel outside o	f Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See to				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruc	tion Guide explains how to complete this form.		1 Total pages	Schedule F:
2 FILER NAMI	K. Nichols		3 ACCOUNT	# (Ethics Commission filers)
1 - 20 -08	5 Payee name WAIIEN COUNTY NEWS C 6 Payee address; City State; Zip Code			7 Amount (\$)
-	PO Box 609 Conese	7x 77305		
required.)	ment (See instructions regarding type of information CUCLTSEWERT e of Texas, complete Schedule T)	9 •• Complete if dir Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Date	Payee name HotiNE PRESS			Amount (\$)
1.25.08	Payee address; City; State; Zip Code 1116 AUSTIN Hemps	tead Tx 7	7445	104. 00
required.) Adver	ment (See instructions regarding type of information Sement	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Date / . 25.08	Payee name Walley Times Payee address; City: State; Zip Code Po Box Sog Walley Tx			Amount (\$)
	PO 130 x 309 Waller TX	71484		0131
required.) Adven	ment (See instructions regarding type of information 力といい de of Texas, complete Schedule T)	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Date 1/25/08	Payee name 1, MF3 TRIBUNE Payee address; City; State; Zip Code			Amount (\$)
required.)	P.D. Box 1549 Brooks	· Complete if dire	ct expenditure t	
•	ntsement of Texas, complete Schedule T)	Samuale / Oniceroider na	me (Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

POL	TIC	CAL	EXF	PEN	TID	UR	ES
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SCHEDULE F

The Instruc	tion Guide explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)	
	lc. Nichols			
4 Date	Friends of Royal	FA	7 Amount (\$)	
1.19.08	6 Payee address; City; State; Zip Code			
/ / / / -08	FRiends of Royal 6 Payee address: City: State: Zip Code PO Box 489 Path 300	Tx 779	t66 740. —	
8 Purpose of pay required.)	ment (See instructions regarding type of information week hisement	9 ·· Complete if di Candidate / Officeholder n	rect expenditure to benefit C/OH ·· name Office sought Office	ə held
(If travel outsid	e of Texas, complete Schedule T)			
Date	Payee name Schult Middle Sch Payee address; City; State; Zip Code	nos/ 170	Amount (\$)	
2,2,08	Payee address; City; State; Zip Code 19010 STokes Rd Waller	_ 7× 77489	140	_
required.)	ment (See instructions regarding type of information VEL SEMENT of Texas, complete Schedule T)	•• Complete if dir Candidate / Officeholder n	ect expenditure to benefit C/OH · · ame Office sought Office	heid
Date	Payee name		Amount (\$)	····
	Payee address; City; State; Zip Code			
	1.97			
Purpose of pay	mod/Continue Nicolandia	· · · · · · · · · · · · · · · · · · ·		
required.)	ment (See instructions regarding type of information	·· Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH · · ame Office sought Office	held
(If travel outsid	de of Texas, complete Schedule T)			
Date	Payee name		Amount (\$)	
	Payee address; City; State; Zip Code			
Purpose of payn required.)	nent (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH •• ume Office sought Office h	held
(If travel outside	of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	