

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Brian K. Nichols 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 100.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3150.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1107.65 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2042.35 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

19 AFFIDAVIT

MARIA A. KELLY
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 7-11-2010

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 4 day of February, 2008, to certify which, witness my hand and seal of office.

Maria A. Kelly
Signature of officer administering oath

maria A. Kelly
Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME BRIAN K. Nichols | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 1-10-08 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich Anley | 7 Amount of contribution (\$) 300.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 36100 FM 1488 Hempstead TX 77445 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 1-10-08 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAT AUTOMOTIVE | Amount of contribution (\$) 750.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 100 FM 1488 HEMPSTEAD TX 77445 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1-11-08 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEL Mc Gill | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 4432 Hwy 36 N Bellville TX 77418 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1-17-08 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAO BARBER | Amount of contribution (\$) 1000.- | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1206 11th ST. HEMPSTEAD TX 77445 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1-19-08 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAO QUALLS | Amount of contribution (\$) 500.- | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1450 10th ST. HEMPSTEAD TX 77445 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| <p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

BRIAN K. NICHOLS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1-20-08

Waller County News Citizen

300.00

6 Payee address; City; State; Zip Code

PO Box 609 Conroe TX 77305

8 Purpose of payment (See instructions regarding type of information required.)

Advertisement

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1.25.08

Hotline Press

104.⁰⁰_—

Payee address; City; State; Zip Code

1116 Austin Hempstead TX 77445

Purpose of payment (See instructions regarding type of information required.)

Advertisement

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1.25.08

Waller Times

213.³⁰_—

Payee address; City; State; Zip Code

PO Box 509 Waller TX 77484

Purpose of payment (See instructions regarding type of information required.)

Advertisement

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1/29/08

Times Tribune

210.³⁵_—

Payee address; City; State; Zip Code

P.O. Box 1549 Brookshire TX 77423

Purpose of payment (See instructions regarding type of information required.)

Advertisement

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Brian K. Nichols* 3 ACCOUNT # (Ethics Commission filers)

| | | |
|---|---|-------------------------------|
| 4 Date <i>1.19.08</i> | 5 Payee name <i>Friends of Royal FFA</i> | 7 Amount (\$) <i>140.-</i> |
| 6 Payee address; City; State; Zip Code <i>PO Box 489 Pattison TX 77466</i> | | |

| | |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i> | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| (If travel outside of Texas, complete Schedule T) | |

| | | |
|--|--|-----------------------------|
| Date <i>2.2.08</i> | Payee name <i>Schultz Middle School PTO</i> | Amount (\$) <i>140.-</i> |
| Payee address; City; State; Zip Code <i>19010 Stokes Rd Walker Tx 77484</i> | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i> | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| (If travel outside of Texas, complete Schedule T) | |

| | | |
|--------------------------------------|------------|-------------|
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| (If travel outside of Texas, complete Schedule T) | |

| | | |
|--------------------------------------|------------|-------------|
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required.) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| (If travel outside of Texas, complete Schedule T) | |

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