



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

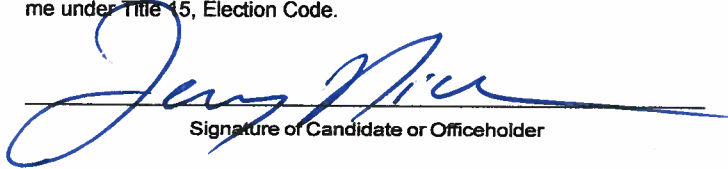
15 C/OH NAME <u>TERRY NICHOLS</u>	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY 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	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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>668.68</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,190.05</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7.14</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>250.00</u>


19 AFFIDAVIT

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 Terry Nichols, this the 9 day of January, 20 12, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Jamie Lee Pettijohn-Walshak  
 Printed name of officer administering oath

City Clerk  
 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**

2 FILER NAME

**TERRY NICHOLS**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**12/6/11**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Richard Gonzalez**

6 Contributor address; City; State; Zip Code

**2725 Chandler Hollow  
San Marcos, TX 78666**

7 Amount of contribution (\$)

**20.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**12/5/11**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Gerald & Donna Hill**

Contributor address; City; State; Zip Code

**730 Belvin St.  
San Marcos, TX 78666**

Amount of contribution (\$)

**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/5/11**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Shirley Rogers**

Contributor address; City; State; Zip Code

**102 Rogers Ridge  
San Marcos, TX 78666**

Amount of contribution (\$)

**30.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/7/11**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Ed Bolton**

Contributor address; City; State; Zip Code

**127 Adams Way  
Canyon Lake, TX 78133**

Amount of contribution (\$)

**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/7/11**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**Dwayne Thomasen**

Contributor address; City; State; Zip Code

**109 E. Sierra Cm  
San Marcos, TX 78666**

Amount of contribution (\$)

**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: <span style="font-size: 2em;">2</span>	
2 FILER NAME <span style="font-size: 1.5em;">TERRY NICHOLS</span>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.5em;">12/13/11</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">DANNY ARREOLUNDO</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em;">100.00</span>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">318 HUNTER RIDGE SAN MARCOS, TX 78666</span>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date <span style="font-size: 1.5em;">12/8/2011</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">ED BOULTON</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">130.68</span>	In-kind contribution description (if applicable) <span style="font-size: 1.5em;">POSTAGE</span>	
Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">127 ADAMS WAY CANYON LAKE, TX 78133</span>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <span style="font-size: 1.5em;">12/5/2011</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">WAYNE BEAK</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">88.00</span>	In-kind contribution description (if applicable) <span style="font-size: 1.5em;">POSTAGE</span>	
Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">1009 STAGECOACH SAN MARCOS, TX 78666</span>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>		2 FILER NAME <b>TERRY NICHOLS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>12/5/2011</b>		5 Payee name <b>THE UPS STORE</b>			
6 Amount (\$) <b>25.22</b>		7 Payee address; City; State; Zip Code <b>350 N. GUADALUPE ST STE 140 SAN MARCOS, TX 78666</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>OTHER</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>POSTAGE</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/7/2011</b>		Payee name <b>PATTERSON &amp; CO.</b>			
Amount (\$) <b>2,140.09</b>		Payee address; City; State; Zip Code <b>P.O. BOX 91405 AUSTIN, TX 78709</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING/ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>MAIL OUT</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/8/2011</b>		Payee name <b>GATEWAY BUSINESS PRODUCTS</b>			
Amount (\$) <b>8.97</b>		Payee address; City; State; Zip Code <b>805 W. SAN ANTONIO ST. SAN MARCOS, TX 78666</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>OTHER</b>		Description (If travel outside of Texas, complete Schedule T) <b>OFFICE SUPPLIES</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/8/2011</b>		Payee name <b>SAN MARCOS DAILY RECORD</b>			
Amount (\$) <b>441.00</b>		Payee address; City; State; Zip Code <b>1910 IH 35 S. SAN MARCOS, TX 78666</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Ad</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>	2 FILER NAME <b>TERRY NICHOLS</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>12/14/2011</b>	5 Payee name <b>PATTERSON &amp; Co.</b>
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6 Amount (\$) <b>200.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 91405 AUSTIN, TX 78709</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Phone Calls</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/31/2011</b>	Payee name <b>ED BERTON</b>
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Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>127 ADAMS WAY CANYON LAKE, TX 78133</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Postage</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>1</i>	<b>2</b> FILER NAME <i>TERRY NICHOLS</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>12/12/2011</i>	<b>5</b> Payee name <i>Hobby Lobby</i>
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<b>6</b> Amount (\$) <i>17.23</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>933 Hwy 80 SAN MARCOS, TX 78666</i>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>OTHER</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Sign Supplies</i>
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Date <i>12/13/11</i>	Payee name <i>Chili's</i>
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Amount (\$) <i>50.54</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>102 N. IH35 SAN MARCOS, TX 78666</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Election Day workers</i>
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Date <i>12/13/2011</i>	Payee name <i>PALMERS RESTAURANT</i>
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Amount (\$) <i>207.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>218 Moore St. SAN MARCOS, TX 78666</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Bev. Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>ELECTION WATCH PARTY</i>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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