

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px;">8</div>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <div style="text-align: center; font-size: 24px;">TERRY A.</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px;">NICHOLS</div>		<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> Date Received <div style="text-align: center; font-size: 24px;">City Clerk</div> <div style="text-align: center; font-size: 24px;">OCT 31 2011</div> <div style="text-align: center; font-size: 24px;">City of San Marcos</div> Date Hand-delivered or Postmarked <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount		
Receipt #	Amount						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px;">2713 HANDLER HOLLOW</div> <div style="text-align: center; font-size: 24px;">SAN MARCOS, TX 78666</div>						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px;">(512) 393-1789</div>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <div style="text-align: center; font-size: 24px;">DAVID</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px;">BANDY</div>						
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px;">3310 VARRINGTON RD.</div> <div style="text-align: center; font-size: 24px;">SAN MARCOS, TX 78666</div>						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px;">(512) 738-0535</div>						
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <div style="text-align: center; font-size: 24px;">10 / 10 / 2011    THROUGH    10 / 31 / 2011</div>						
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 24px;">11 / 08 / 2011</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 24px;">City Council</div> <div style="text-align: center; font-size: 24px;">PLACE 3</div>					
GO TO PAGE 2							

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2


14 C/OH NAME <i>TERRY NICHOLS</i>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  
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 checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME <i>SMPFFA-PAC</i>
		COMMITTEE ADDRESS <i>P.O. BOX 75 SAN MARCOS, TX 78666</i>
		COMMITTEE CAMPAIGN TREASURER NAME <i>KACEB JOHNSON</i>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <i>P.O. BOX 75 SAN MARCOS, TX 78666</i>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3,048.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,573.45</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>3,095.97</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>250.00</i>

18 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.

*Jerry Neal*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Terry Nichols*, this the *31* day of *October*, 20 *11*, to certify which, witness my hand and seal of office.

*Jamie Lee Walshak*  
Signature of officer administering oath

*Jamie Lee 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: <b>2</b>	
2 FILER NAME <b>TERRY NICHOLS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/13/2011</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRAYE STOKES</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>P.O. Box 629 SAN MARCOS, TX 78666</b>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/13/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PALMER'S RESTAURANT</b>	Amount of contribution (\$) <b>98.</b>	In-kind contribution description (if applicable) <b>98.00</b>
	Contributor address; City; State; Zip Code <b>218 MOORE ST. SAN MARCOS, TX 78666</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/17/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRIS WOOD</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>1021 STAGHCOACH TRL. SAN MARCOS, TX 78666</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/19/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SMPFA-PAC</b>	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>PO BOX 75 SAN MARCOS, TX 78666</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/20/2011</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BILL &amp; BRENDA DAMROW</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>2210 SUMMIT RIDGE SAN MARCOS, TX 78666</b>	(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: <div style="text-align: center; font-size: 2em;">2</div>	
2 FILER NAME <div style="text-align: center; font-size: 1.5em;">TERRY NICHOLS</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="font-size: 1.5em;">10/27/2011</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em;">BIG ECHO DEVELOPMENT</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em;">1000.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="font-size: 1.5em;">471 SHADOWPOINT SAN MARCOS, TX 78666</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <div style="font-size: 1.5em;">10/28/2011</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em;">GARY TUCKER</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">50.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.5em;">PO BOX 1429 SAN MARCOS, TX 78666</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.5em;">10/28/2011</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em;">SHANE FRASER</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">500.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.5em;">2615 ARROYO Doble SAN MARCOS, TX 78666</div>		(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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# 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.

<b>1</b> Total pages Schedule F: <i>3</i>	<b>2</b> FILER NAME <i>TERRY NICHOLS</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)		
<b>4</b> Date <i>10/14/2011</i>	<b>5</b> Payee name <i>MIGUEL ARREDONDO</i>			
<b>6</b> Amount (\$) <i>600.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>1300 PERKINS SAN MARCOS, TX 78666</i>			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>GE FORUM EVENT</i>		
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
<b>Date</b> <i>10/14/2011</i>	<b>Payee name</b> <i>MAEGLINS BAKERY</i>			
<b>Amount (\$)</b> <i>12.13</i>	<b>Payee address; City; State; Zip Code</b> <i>1295. Seguin NEW BRAUNFELS, TX 78130</i>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>FOOD EXPENSE</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>WELLINGTON EVENT</i>		
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>Complete ONLY</b> if direct expenditure to benefit C/OH				
<b>Date</b> <i>10/18/2011</i>	<b>Payee name</b> <i>OFFICE DEPOT</i>			
<b>Amount (\$)</b> <i>37.88</i>	<b>Payee address; City; State; Zip Code</b> <i>201 Springtown Way SAN MARCOS, TX 78666</i>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>Address Labels</i>		
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>Complete ONLY</b> if direct expenditure to benefit C/OH				
<b>Date</b> <i>10/18/2011</i>	<b>Payee name</b> <i>OFFICE DEPOT</i>			
<b>Amount (\$)</b> <i>86.58</i>	<b>Payee address; City; State; Zip Code</b> <i>201 Springtown Way SAN MARCOS, TX 78666</i>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>Address Labels</i>		
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>Complete ONLY</b> if direct expenditure to benefit C/OH				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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>3</b>		2 FILER NAME <b>TERRY NICHOLS</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/20/2011</b>		5 Payee name <b>US POST OFFICE</b>			
6 Amount (\$) <b>609.00</b>		7 Payee address; City; State; Zip Code <b>301 N. GUADALUPE ST. SAN MARCOS, TX 78666</b>			
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>POSTAGE</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/20/2011</b>		Payee name <b>BJ'S SPECIAL TEE'S</b>			
Amount (\$) <b>150.00</b>		Payee address; City; State; Zip Code <b>2206-A RR12 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>CAMPAIGN SHIRTS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/20/2011</b>		Payee name <b>SAN MARCOS DAILY RECORD</b>			
Amount (\$) <b>441.00</b>		Payee address; City; State; Zip Code <b>1910 IH35 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 10/23/2011</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/21/2011</b>		Payee name <b>NAEGLINS BAKERY</b>			
Amount (\$) <b>12.13</b>		Payee address; City; State; Zip Code <b>129 S Seguin NSW BRAUNFELS, TX 78130</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>STONEBROOK EVENT</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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>3</b>	2 FILER NAME <b>TERRY NICHOLS</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>10/24/2011</b>	5 Payee name <b>SAN MARCOS MERCURY</b>	
6 Amount (\$) <b>75.00</b>	7 Payee address; City; State; Zip Code <b>109 W. CENTER ST. KYLE, TX 78640</b>	
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>WEB AD</b>
	Candidate / Officeholder name	Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/OH		
Date <b>10/27/2011</b>	Payee name <b>DOMINOS PIZZA</b>	
Amount (\$) <b>78.54</b>	Payee address; City; State; Zip Code <b>350 S. GUADALUPE ST SAN MARCOS, TX 78666</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>CAMPUS POLLING LOCATION</b>
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH		
Date <b>10/27/2011</b>	Payee name <b>TX STATE UNIVERSITY</b>	
Amount (\$) <b>3.00</b>	Payee address; City; State; Zip Code <b>601 UNIVERSITY DR. 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>PARKING</b>
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

1 Total pages Schedule G: <i>1</i>	2 FILER NAME <i>TERRY NICHOLS</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/24/2011</i>	5 Payee name <i>WAL-MART</i>
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6 Amount (\$) <i>8.19</i>	7 Payee address; City; State; Zip Code <i>1015 HWY 80 SAN MARCOS, TX 78666</i>
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	<i>FOOD EXPENSE</i>	<i>STONEBROOK EVENT</i>

Date	Payee name
------	------------

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

Date	Payee name
------	------------

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED