

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: 16
--	---	--------------------------------

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	FIRST TITOMAS LAST	MI P SUFFIX
---------------------------------	--	---------------------------------	--------------------------

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 70463	APT / SUITE #: HOUSTON, TX	CITY: STATE: ZIP CODE 77270-0463
--	--	--------------------------------------	--

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 871 1001	EXTENSION
----------------------------------	---------------------------	---------------------------------	-----------

6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST KARL LAST	MI E. SUFFIX
---------------------------	--	------------------------------	---------------------------

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 10497 TOWN & COUNTRY WAY, SUITE 530	APT / SUITE #: HOUSTON, TX	CITY: STATE: ZIP CODE 77024-1117
--	--	--------------------------------------	--

8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 705 8929	EXTENSION
----------------------------	---------------------------	---------------------------------	-----------

9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
---------------	---	--	--

10 PERIOD COVERED	Month Day Year 2 / 5 / 2007	THROUGH	Month Day Year 4 / 12 / 2007
-------------------	---------------------------------------	---------	--

11 ELECTION	ELECTION DATE Month Day Year 5 / 12 / 2007	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
-------------	---	--

12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) HOUSTON AT LARGE POSITION 3, CITY COUNCIL
-----------------------------------	--

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name _____ Address / PO Box: Apt. / Suite #: City: State: Zip Code _____
--	--

GO TO PAGE 2

OFFICE USE ONLY

Date Received: **APR 12 2007**

Date Hand-delivered or e-filed: _____

Receipt # _____ Amount \$ _____

Date Processed _____

Date Imaged _____

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME THOMAS P NIXON 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. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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	\$ 610.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,785.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,463.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,065.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Thomas P. Nixon
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Thomas P. Nixon, this the 12th day of April, 2007, to certify which, witness my hand and seal of office.

Rosalinda G. Nunez Rosalinda G. Nunez
Signature of officer administering oath 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: 6	
2 FILER NAME THOMAS P NIXON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/22/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JUDITH CARPENTER	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] GRACELAND, TX 75844		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions) RETIRED	
Date 2/22/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RONALD BORZA	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) POLICE SERAGENT		Employer (See Instructions) HOUSTON POLICE	
Date 2/22/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSHUA ARUH	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77057		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSIDER		Employer (See Instructions) SELF-EMPLOYED	
Date 2/22/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TOLAN HARDING	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) POLICE SERAGENT		Employer (See Instructions) HOUSTON POLICE	
Date 2/22/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JULIE DEBNA KOSIK	Amount of contribution (\$) \$ 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77095		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) UNKNOWN		Employer (See Instructions) UNKNOWN	

ATTACH ADDITIONAL COPIES OF THIS FORM 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: 6	
2 FILER NAME THOMAS P NIXON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/22/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN COSEY	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77007		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) POLICE OFFICER		10 Employer (See Instructions) HOUSTON POLICE	
Date 2/22/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTHEW MAY	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) POLICE SERGENT		Employer (See Instructions) HOUSTON POLICE	
Date 2/22/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELISSA PARKER	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DEPUTY COURT CLERK		Employer (See Instructions) HARRIS COUNTY	
Date 2/22/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT ARREDONDO	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77091		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) COUNSELOR		Employer (See Instructions) PRIVATE CONTRACTOR	
Date 2/22/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRETT HATTON	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions) HOUSTON POLICE	

ATTACH ADDITIONAL COPIES OF THIS FORM 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: 6	
2 FILER NAME THOMAS P NIXON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/22/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES / SANDRA PEHL	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77031		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) CONSULTANT		10 Employer (See Instructions) CONTRACTOR	
Date 2/22/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY & LAURA SHUFORD	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] PEARLAND, TX 77584		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DENTIST		Employer (See Instructions) SELF EMPLOYED	
Date 2/22/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC NEVLE	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) POLICE SERGEANT		Employer (See Instructions) HOUSTON POLICE	
Date 3/28/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN NIXON, III	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] RICHMOND, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	
Date 2/6/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN NIXON, IV	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] RICHMOND, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	

ATTACH ADDITIONAL COPIES OF THIS FORM 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: 6	
2 FILER NAME THOMAS P NIXON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/28/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PERRY SABUE	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77002		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) POLICE OFFICER		10 Employer (See Instructions) HOUSTON POLICE	
Date 3/28/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MELISSA POWERS / CHARLES PERL	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions) DAVID WEEKLEY HOMES	
Date 3/28/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LEE ANN MIDYETT	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) (UNKNOWN)		Employer (See Instructions) UNKNOWN	
Date 3/28/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AMY KELSO	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ADMINISTRATION		Employer (See Instructions) HALLIBURTON CORPORATION	
Date 3/28/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRISTINA / JERRY MARTIN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] SUGAR LAND, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) SAM'S WHOLE SALE	

ATTACH ADDITIONAL COPIES OF THIS FORM 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. 6	
2 FILER NAME THOMAS P NIXON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/28/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES / SANDRA PEHL	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] DR HOUSTON, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/28/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KYE & STARRLA NAQUEN	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) POLICE LIEUTENANT		Employer (See Instructions) HOUSTON POLICE	
Date 3/28/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J F SULLIVAN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] DR HOUSTON, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	
Date 3/30/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RUDY & CAROL MIDANI	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) HOME BUILDER		Employer (See Instructions) SELF-EMPLOYED	
Date 3/30/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ZIAD & MARY MIDANI	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77063		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) HOME BUILDER		Employer (See Instructions) SELF EMPLOYED	

ATTACH ADDITIONAL COPIES OF THIS FORMAS 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: 6	
2 FILER NAME THOMAS P NIXON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/29/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON S PHILIPS	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] THE WOODLANDS, TX 77380		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) LAWYER		10 Employer (See Instructions) SELF EMPLOYED	
Date 3/31/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DERRILL MC CORMICK	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) MORTGAGE / REAL ESTATE BROKER		Employer (See Instructions) CONTRACT	
Date 2/13/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS NIXON	Amount of contribution (\$) \$2,200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77270		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SELF EMPLOYED	
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)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

2 FILER NAME THOMAS P NIXON 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date <u>2/22/07</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JEFF TREVIÑO</u>	8 Amount of pledge (\$) <u>\$ 200.00</u>	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code <u>[REDACTED] HOUSTON, TX 77007</u>	(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions) BUILDER / CONTRACTOR 11 Employer (See Instructions) SELF EMPLOYED

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind 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 FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: /
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: → → → → → → \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES **SCHEDULE F**

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

2 FILER NAME THOMAS P NIXON **3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
<u>3/9/2007</u>	<u>CBS PRODUCTIONS</u>	<u>\$ 777.13</u>
	6 Payee address; City; State; Zip Code	
	<u>1111 ADKINS RD. HOUSTON, TX 77055</u>	

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

Date	Payee name	Amount (\$)
<u>3/15/07</u>	<u>STEVE BREWER</u>	<u>\$1,500.00</u>
	Payee address; City; State; Zip Code	
	<u>16635 CLAY ROAD HOUSTON, TX 77084</u>	

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>THOMAS P NIXON</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>2/13/07</u>	5 Payee name <u>CBS PRODUCTIONS</u> 6 Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON, TX</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>CAMPAIGN SIGNS</u> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <u>\$1,014.10</u> <input type="checkbox"/> Reimbursement from political contributions intended
Date <u>2/20/07</u>	Payee name <u>CBS PRODUCTIONS</u> Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON, TX</u> Purpose of expenditure (See instructions regarding type of information required.) <u>CAMPAIGN SIGNS</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>\$1,059.56</u> <input type="checkbox"/> Reimbursement from political contributions intended
Date <u>2/22/07</u>	Payee name <u>CANDIDATE'S PIZZA</u> Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON, TX 77007</u> Purpose of expenditure (See instructions regarding type of information required.) <u>FUNDRAISER - FOOD/BEVERAGE</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>\$1040.26</u> <input type="checkbox"/> Reimbursement from political contributions intended
Date <u>2/27/07</u>	Payee name <u>CBS PRODUCTIONS</u> Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON, TX</u> Purpose of expenditure (See instructions regarding type of information required.) <u>CAMPAIGN SIGNS</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>\$572.48</u> <input type="checkbox"/> Reimbursement from political contributions intended
Date <u>2/27/07</u>	Payee name <u>STEVE BREWER</u> Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON, TX 77084</u> Purpose of expenditure (See instructions regarding type of information required.) <u>CONSULTING</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>\$500.00</u> <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H: 1
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.) (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	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.	1 Total pages Schedule I: <u> 1 </u>
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K: /
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name <hr style="border-top: 1px dotted black;"/> 6 Payor address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> 7 Reason for credit	8 Amount (\$)
---------------	---	----------------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address, City; State; Zip Code <hr style="border-top: 1px dotted black;"/> Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr style="border-top: 1px dotted black;"/> Reason for credit	Amount (\$)
------	--	-------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
6 Dates of travel	7 Name of person(s) traveling	
8 Departure city or name of departure location		
9 Destination city or name of destination location		
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel	Name of person(s) traveling	
Departure city or name of departure location		
Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel	Name of person(s) traveling	
Departure city or name of departure location		
Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED