

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <div style="text-align: center; font-size: 2em;">5</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI NICKNAME      LAST      SUFFIX MR      THOMAS      P NIXON		<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Marked Received #      Amount Date Processed Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE PO Box 70463      HOUSTON, TX      77270-0463		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (713)      871 1001		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI NICKNAME      LAST      SUFFIX MR      KARL      E. KRUEGER		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 10497 TOWN & COUNTRY WAY, SUITE 530      HOUSTON, TX 77024-1117		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (713)      705 8929		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 4 / 13 / 2007      5 / 4 / 2007		
<b>11 ELECTION</b>	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special 5 / 12 / 2007		
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT</b> (if known)      HOUSTON AT LARGE POS #3, CITY COUNCIL	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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**

# 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 375.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ —

4. TOTAL POLITICAL EXPENDITURES \$ 2,500

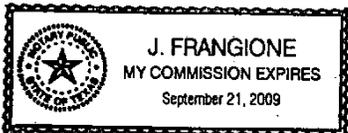
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4,740.87

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ —

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas P. Nixon this the 4<sup>th</sup> day of MAY, 2007, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* J. FRANGIONE  
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: 1

2 FILER NAME  
THOMAS P NEXON

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/14/2007 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
SAM TEXAS

7 Amount of contribution (\$) \$100.00 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
HOUSTON, TX 77255-5707

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
UNKNOWN

10 Employer (See Instructions)  
UNKNOWN

Date 4/16/07 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
WILLIAM T. DOM

Amount of contribution (\$) \$100.00 In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
HOUSTON, TX 77025-1802

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
UNKNOWN

Employer (See Instructions)  
UNKNOWN

Date 4/14/07 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
J. W. MARTIN

Amount of contribution (\$) \$100.00 In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
HOUSTON, TX 77074

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 4/14/07 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
TOM PORTER

Amount of contribution (\$) \$50.00 In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
HOUSTON TX 77043

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 4/30/07 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MELVEN ROWLAND

Amount of contribution (\$) \$25.00 In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
HOUSTON, TX 77224-9296

(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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: right; font-size: 2em;">1</div>
2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">THOMAS P NIXON</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date <div style="font-size: 1.5em; font-family: cursive;">5/4/07</div>	5 Payee name <div style="font-size: 1.5em; font-family: cursive;">CAM PRODUCTIONS - MARKETING</div>	7 Amount (\$) <div style="font-size: 1.5em; font-family: cursive;">\$ 700.00</div>
6 Payee address; City; State; Zip Code <div style="font-size: 1.5em; font-family: cursive;">11457 KATY FREEWAY # 215 HOUSTON, TX 77077</div>		
8 Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.5em; font-family: cursive;">RADIO AD.</div> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Thomas P. Nixon

3 ACCOUNT # (Ethics Commission filers)

4 Date  <u>4/14/07</u>	5 Payee name <u>Lighthouse Data Services</u>	8 Amount (\$)  <u>\$ 400.00</u>  <input type="checkbox"/> Reimbursement from political contributions intended
	6 Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON TX 77034</u>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>WEBSITE MAINTENANCE</u> (If travel outside of Texas, complete Schedule T)	
Date  <u>4/15/07</u>	Payee name <u>CRM PRODUCTIONS - MARKETING</u>	Amount (\$)  <u>\$ 1,400.00</u>  <input type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code <u>[REDACTED] HOUSTON TX 77079</u>	
	Purpose of expenditure (See instructions regarding type of information required.) <u>RADIO AD</u> (If travel outside of Texas, complete Schedule T)	
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED