

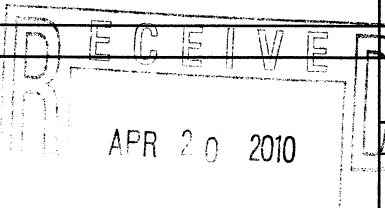
Disclosure Report Cover

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

| | |
|----------------------------------------------------------------------------------------------------|------------------------------------------|
| 1. Committee Information | |
| a. Full Name NICHOLS FOR COUNTY COMMISSIONER | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) P.O. BOX 2107 RALEIGH, NC 27602 | d. Date Filed 04/20/2010 |
| | e. Phone Number (919) 755-0505 |



| | | | |
|-------------------------------|------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| 2. Report Year 2010 | 3. Period Start Date (mm/dd/yy) 03/09/2010 | 4. Period End Date (mm/dd/yy) 04/17/2010 | 5. Treasurer Full Name WALTER DAVENPORT |
|-------------------------------|------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|

| | | | | |
|--------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input checked="" type="checkbox"/> First | <input type="checkbox"/> Final |
| | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Booster Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| 0 | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | | | |
|-------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|--------------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name MECHANICS AND FARMERS BANK | | a. Financial Institution Full Name | |
| b. Purpose TO RECEIVE AND EXPEND CAMPAIGN FUNDS | c. Account Code A | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 100.00 | | d. Period Begin Balance \$ |

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

WALTER C. DAVENPORT [Signature] 04/20/2010
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

| | | |
|--------------------------|-----------------|---------------------------------------------------------------------|
| Date Received: _____ | Employee: _____ | Delivery Method |
| Date Postmarked: _____ | Employee: _____ | <input type="checkbox"/> Normal Mail |
| Date Scanned: _____ | Employee: _____ | <input type="checkbox"/> Registered Mail |
| Date Data Entered: _____ | Employee: _____ | <input type="checkbox"/> Hand Delivered |
| | | <input type="checkbox"/> Electronically Filed |
| | | <input type="checkbox"/> Signer has not received mandatory training |

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|------------------------------------------------------------------------------|--------------------|------------------------------------|----------------------------------|
| NICHOLS FOR COUNTY COMMISSIONER | 2010 First Quarter | | |
| Start of Election Cycle: January 1, 2010 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 100.00 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0.00 | \$ 0.00 |
| 6) Contributions from Individuals (CRO-1210) | | \$ 1,750.00 | \$ 1,750.00 |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0.00 | \$ 0.00 |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 1,000.00 | \$ 1,000.00 |
| 9) Loan Proceeds (CRO-1410) | | \$ 98.00 | \$ 389.00 |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ 0.00 | \$ 0.00 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ 0.00 | \$ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | | \$ 0.00 | \$ 0.00 |
| 11c) Outside Sources of Income (CRO-1250) | | \$ 0.00 | \$ 0.00 |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | | \$ 0.00 | \$ 0.00 |
| 11e) Exempt Purchase Price Sales (CRO-1265) | | \$ 0.00 | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 2,848.00 | \$ 3,139.00 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 1,191.04 | \$ 1,382.04 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 0.00 | \$ 0.00 |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ 0.00 | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ 0.00 | \$ 0.00 |
| 15) Loan Repayments (CRO-1420) | | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 0.00 | \$ 0.00 |
| 17) In-Kind Contributions (CRO-1510) | | \$ 0.00 | \$ 0.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 1,191.04 | \$ 1,382.04 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1,756.96 | \$ 1,756.96 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ 0.00 | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ 389.00 | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | | \$ 0.00 | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | | \$ 0.00 | |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ 0.00 | |
| 25) Administrative Support (CRO-1710) | | \$ 0.00 | \$ 0.00 |
| 26) Forgiven Loans (CRO-1440) | | \$ 0.00 | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | | \$ 0.00 | \$ 0.00 |
| 28) Contributions to be Refunded (CRO-1215) | | \$ 0.00 | \$ 0.00 |

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|--|--------------------------------|---------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| NICHOLS FOR COUNTY COMMISSIONER | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | | |
| JOSHUA H STEIN 216 E PARK DRIVE RALEIGH, NC 27605 | | | ATTORNEY | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | SELF EMPLOYED | | e. Election Sum to Date | | |
| | | | | | \$ 500.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | A | Check | | | 03/31/2010 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | | |
| EDWARD TERRELL 205 WOODBURN ROAD RALEIGH, NC 27605 | | | RETIRED | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | RETIRED | | e. Election Sum to Date | | |
| | | | | | \$ 250.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | A | Check | | | 04/14/2010 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | | |
| JOHN I WILSON 5007 DUNWOODY TRAIL RALEIGH, NC 27606 | | | EXECUTIVE DIRECTOR | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | NATIONAL EDUCATION ASSOCIATION | | e. Election Sum to Date | | |
| | | | | | \$ 1,000.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | A | Check | | | 04/14/2010 | \$ 1,000.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 1,750.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 1,750.00 | |

Contributions from Other Political Committees Pg 1 of 1 Amendment Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

| | | | | |
|----------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| NICHOLS FOR COUNTY COMMISSIONER | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments |
| JACK NICHOLS FOR NC SENATE P.O. BOX 1746 RALEIGH, NC 27602 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | c. Level Registered (Specify) | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date |
| | | | | \$ 1,000.00 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
| A | Check | | 04/06/2010 | \$ 1,000.00 |
| | | | | \$ |
| | | | | \$ |
| 4. Total only this Page | | | | \$ 1,000.00 |
| 5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100) | | | | \$ 1,000.00 |

Loan Proceeds

Pg 1 of 1

Amendment
 Yes No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------|---------------------------|------------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| NICHOLS FOR COUNTY COMMISSIONER | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| M. JACKSON NICHOLS 2501 KENMORE DRIVE RALEIGH, NC 27608 | | ATTORNEY | | e. Start Date (mm/dd/yyyy) | |
| | | c. Employer's Name/Specific Field | | 03/18/2010 | |
| | | ALLEN & PINNIX | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment | k. Amount | |
| 0.000 % | NONE | A | Check | \$ 98.00 | |
| l. Full Name of Lending Institution | | | | m. Loan Number | |
| | | | | | |
| 4. Endorsers/Makers <i>(The people who guarantee the loan.)</i> | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | | |
| | | d. Percentage | | e. Amount | |
| | | % | | \$ | |
| 5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i> | | | | \$ 98.00 | |

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| | | | | |
|-----------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------|---------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| NICHOLS FOR COUNTY COMMISSIONER | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments |
| M. JACKSON NICHOLS 2501 KENMORE DRIVE RALEIGH, NC 27608 | | ATTORNEY | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) |
| | | ALLEN & PINNIX | | 02/26/2010 |
| | | | | f. End Date (mm/dd/yyyy) |
| | | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance |
| 0.00% | NONE | \$ 191.00 | | \$ 191.00 |
| k. Full Name of Lending Institution | | | | l. Loan Number |
| | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments |
| M. JACKSON NICHOLS 2501 KENMORE DRIVE RALEIGH, NC 27608 | | ATTORNEY | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) |
| | | ALLEN & PINNIX | | 03/05/2010 |
| | | | | f. End Date (mm/dd/yyyy) |
| | | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance |
| 0.00% | NONE | \$ 100.00 | | \$ 100.00 |
| k. Full Name of Lending Institution | | | | l. Loan Number |
| | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments |
| M. JACKSON NICHOLS 2501 KENMORE DRIVE RALEIGH, NC 27608 | | ATTORNEY | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) |
| | | ALLEN & PINNIX | | 03/18/2010 |
| | | | | f. End Date (mm/dd/yyyy) |
| | | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance |
| 0.00% | NONE | \$ 98.00 | | \$ 98.00 |
| k. Full Name of Lending Institution | | | | l. Loan Number |
| | | | | |
| 4. Total only this Page | | | | \$ 389.00 |
| 5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100) | | | | \$ 389.00 |

Loan Proceeds Statement


The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

| | |
|--------------------------------------------------------------------------|----------------------------------|
| Name of committee to receive loan: | Nichols Ford County Commissioner |
| Person lending money to committee (Lender): | M. Jackson Nichols |
| Date of loan to committee: | 3/18/10 |
| Name of lending institution and account number (source): | N/A |
| Amount of loan: | 90 ⁰⁰ |
| Names of all parties responsible for payment of loan (guarantor): | N/A |
| Period of loan: | UNLIMITED |
| Rate of interest of loan: | 0% |
| Security pledged for loan: | None |

I, M. Jackson Nichols
(Person lending money to committee)

acknowledge that all of the

information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

→ 

Signature of Lender

Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.