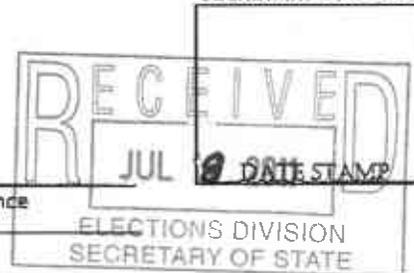


2011 ELECTION CYCLE



Delbert Hosemann  
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate David "Dave" Nichols, II  
 Address 985 Smith Lane County Lawrence  
 Telephone 601-587-0045 Fax \_\_\_\_\_  
 Office Sought Senate Dist 39 Political Party Republican  
 Email Address nichols for state senate @ hotmail.com

Check here if above is different from previous report

- May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) \_\_\_\_\_ Mandatory
- June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) \_\_\_\_\_ Mandatory
- July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) \_\_\_\_\_ Mandatory
- July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) \_\_\_\_\_ Primary Candidates
- August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) \_\_\_\_\_ Runoff Candidates Only
- October 10, 2011 Periodic Report** (July 24, 2011, through September 30, 2011) \_\_\_\_\_ Mandatory
- November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) \_\_\_\_\_ Mandatory
- November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) \_\_\_\_\_ Runoff Candidates Only
- January 10, 2012 Periodic Report** (October 30, 2011, through December 31, 2011) \_\_\_\_\_ Mandatory
- Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND**

|                                     | Itemized + Non-Itemized = | This Period       | Calendar Year-To-Date |
|-------------------------------------|---------------------------|-------------------|-----------------------|
| Total amount of contributions       | \$ 1145.82 +\$ 0          | \$ 1145.82        | \$ 7789.82            |
| Total amount of disbursements       | \$ 2004.02 +\$ 410.25     | \$ 2414.27        | \$ 5033.59            |
| <b>Total amount of cash on hand</b> |                           | <b>\$ 2741.22</b> |                       |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

*David Nichols II*  
Signature of Candidate

7/8/11  
Date

**Authority:** Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.  
**Penalties:** Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$60 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

**SEND TO :** 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499.  
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee David "DAN" Nichols, Jr  
 Reporting period June 1st through June 30th

# ITEMIZED DISBURSEMENTS

| A. Full name   | Date (Mo., Day, Year)  | Amount of each disbursement this period |
|--|------------------------|---|
| <u>Tele South Communications</u>                               | <u>6/17/11</u>         | \$ <u>880.00</u>                        |
| Mailing Address<br><u>110 West Monticello St</u>               |                        |   |
| City, State, Zip Code<br><u>Brook Haven MS 39601</u>           | <u>1/1</u>             | \$                                      |
| Purpose of Disbursement (Optional)<br><u>Radio Ads</u>         | Aggregate Year-to-date | \$ <u>1,130.00</u>                      |
| B. Full name<br><u>Brook Haven Broadcasting</u>                | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br><u>P.O. Box 711</u>                         | <u>6/17/11</u>         | \$ <u>270.00</u>                        |
| City, State, Zip Code<br><u>Brook Haven, MS 39601</u>          | <u>1/1</u>             | \$                                      |
| Purpose of Disbursement (Optional)<br><u>Radio Ads</u>         | Aggregate Year-to-date | \$ <u>270.00</u>                        |
| C. Full name<br><u>Magnolia Courier</u>                        | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br><u>P.O. Box 338</u>                         | <u>6/15/11</u>         | \$ <u>250.00</u>                        |
| City, State, Zip Code<br><u>Magnolia MS 39111</u>              | <u>1/1</u>             | \$                                      |
| Purpose of Disbursement (Optional)<br><u>Newspaper</u>         | Aggregate Year-to-date | \$ <u>250.00</u>                        |
| D. Full name<br><u>Magnolia News - CoM</u>                     | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address  | <u>6/21/11</u>         | \$ <u>400.00</u>                        |
| City, State, Zip Code<br><u>Magnolia, MS 39111</u>             | <u>1/1</u>             | \$                                      |
| Purpose of Disbursement (Optional)<br><u>Internet Adv.</u>     | Aggregate Year-to-date | \$ <u>400.00</u>                        |
| E. Full name<br><u>BANNERS on the Chap</u>                     | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br><u>11525 B Stoneshollow Drive Suite 200</u> | <u>6/10/11</u>         | \$ <u>204.02</u>                        |
| City, State, Zip Code<br><u>Austin TX 78758</u>                | <u>1/1</u>             | \$                                      |
| Purpose of Disbursement (Optional)<br><u>BANNERS</u>           | Aggregate Year-to-date | \$ <u>204.02</u>                        |
| F. Full name   | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address  | <u>1/1</u>             | \$                                      |
| City, State, Zip Code  | <u>1/1</u>             | \$                                      |
| Purpose of Disbursement (Optional)                             | Aggregate Year-to-date | \$                                      |

Name of Candidate or Committee David "Dave" Nichols, II

Reporting period June 1st through June 30th

# ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)         | Amount of each<br>receipt<br>this period |
|--|----------------------------------|--|
| Full name<br><u>David Nichols, II</u>  | <u>6</u> / <u>15</u> / <u>11</u> | \$ <u>1000.82</u>                        |
| Mailing Address<br><u>985 Smith Lane</u>   | <u>6</u> / <u>24</u> / <u>11</u> | \$ <u>145.00</u>                         |
| City, State, Zip Code<br><u>Monticello, MS 39654</u>   | / /                              | \$                                       |
| Name of Employer (Required)<br><u>Town of Monticello</u>   | / /                              | \$                                       |
| Occupation (Required)<br><u>Mayor</u>  | Aggregate<br>year-to-date        | \$ <u>4043.82</u>                        |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____            | Date<br>(Mo., Day, Year)         | Amount of each<br>receipt<br>this period |
| Full name  | / /                              | \$                                       |
| Mailing Address  | / /                              | \$                                       |
| City, State, Zip Code  | / /                              | \$                                       |
| Name of Employer (Required)  | / /                              | \$                                       |
| Occupation (Required)  | Aggregate<br>year-to-date        | \$                                       |
| C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____             | Date<br>(Mo., Day, Year)         | Amount of each<br>receipt<br>this period |
| Full name  | / /                              | \$                                       |
| Mailing Address  | / /                              | \$                                       |
| City, State, Zip Code  | / /                              | \$                                       |
| Name of Employer (Required)  | / /                              | \$                                       |
| Occupation (Required)  | Aggregate<br>year-to-date        | \$                                       |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____            | Date<br>(Mo., Day, Year)         | Amount of each<br>receipt<br>this period |
| Full name  | / /                              | \$                                       |
| Mailing Address  | / /                              | \$                                       |
| City, State, Zip Code  | / /                              | \$                                       |
| Name of Employer (Required)  | / /                              | \$                                       |
| Occupation (Required)  | Aggregate<br>year-to-date        | \$                                       |