

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------|
| RECEIVED 2007 JAN 31 PM 3:48 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>9</u> For Official Use Only |

| | |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Statement covers period from <u>10/22/2006</u> through <u>12/31/2006</u> | Date of election if applicable: (Month, Day, Year) <u>11/07/2006</u> |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |

2. Type of Statement:

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3. Committee Information

I.D. NUMBER: 1248401

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Dick Nichols

STREET ADDRESS (NO P.O. BOX)
519 Iris Avenue

| | | | |
|-----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Corona del Mar</u> | <u>Ca</u> | <u>92625</u> | <u>949-644-7735</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Alexandra G. Nichols

MAILING ADDRESS
519 Iris Avenue

| | | | |
|-----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Corona del Mar</u> | <u>Ca</u> | <u>92625</u> | <u>949-644-7735</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Executed on <u>1/30/07</u> Date | By <u>Alexandra G. Nichols</u> Signature of Treasurer or Assistant Treasurer |
| Executed on <u>1/30/07</u> Date | By <u>Richard A. Nichols</u> Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed on _____ Date | By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent |
| Executed on _____ Date | By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent |

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Richard A. Nichols

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Newport Beach City Council Member, District 6

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

519 Iris Avenue Newport Beach CA 92625

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|-----------------------------------------------------------------------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|-----------------------------------------------------------------------------------|

| | |
|-------------------|------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
|-------------------|------------------------------|

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

| | |
|-------------------|-----------------------------------------------------------------------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|-----------------------------------------------------------------------------------|

| | |
|-------------------|------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
|-------------------|------------------------------|

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---------------------------------------------------------------------|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---------------------------------------------------------------------|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|

| | | |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|

| | | |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|

| | | |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---------------------------------------------------|--------------------------------|
| Statement covers period from <u>10/22/2006</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2006</u> | |
| Page <u>3</u> of <u>9</u> | I.D. NUMBER 1248401 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Richard A. Nichols

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 1. Monetary Contributions <i>Schedule A, Line 3</i> | \$ <u>1950</u> | \$ <u>9108</u> |
| 2. Loans Received <i>Schedule B, Line 3</i> | <u>5350</u> | <u>6500</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i> | \$ <u>7300</u> | \$ <u>15608</u> |
| 4. Nonmonetary Contributions <i>Schedule C, Line 3</i> | <u>0.0</u> | <u>0.0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i> | \$ <u>7300</u> | \$ <u>15608</u> |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 6. Payments Made <i>Schedule E, Line 4</i> | \$ <u>8722.01</u> | \$ <u>15478.01</u> |
| 7. Loans Made <i>Schedule H, Line 3</i> | <u>0.0</u> | <u>0.0</u> |
| 8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i> | \$ <u>8722.01</u> | \$ <u>15478.01</u> |
| 9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i> | <u>-377.63</u> | <u>0.0</u> |
| 10. Nonmonetary Adjustment <i>Schedule C, Line 3</i> | <u>0.0</u> | <u>0.0</u> |
| 11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i> | \$ <u>8344.38</u> | \$ <u>15478.38</u> |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

*Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

| | |
|------------------------------------------------------------------------------------|------------------|
| 12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i> | \$ <u>1316</u> |
| 13. Cash Receipts <i>Column A, Line 3 above</i> | <u>7300</u> |
| 14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i> | <u>381</u> |
| 15. Cash Payments <i>Column A, Line 8 above</i> | <u>8722.01</u> |
| 16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>274.99</u> |

If this is a termination statement, Line 16 must be zero.

| | |
|--------------------------------------------------------------|---------------|
| 17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i> | \$ <u>0.0</u> |
|--------------------------------------------------------------|---------------|

Cash Equivalents and Outstanding Debts

| | |
|--------------------------------------------------------------------------|----------------|
| 18. Cash Equivalents <i>See instructions on reverse</i> | \$ <u>0.0</u> |
| 19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>6500</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|---------------------------------------------------|--------------------------------|
| Statement covers period from <u>10/22/2006</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2006</u> | |
| Page <u>4</u> of <u>9</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Richard A. Nichols

I.D. NUMBER

1248401

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------|---------------------------------------|
| 10/24/2006 | Richard A. Nichols [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Engineer The Lee Company | 500 | | 500 |
| 10/24/2006 | Marjorie Morgan [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 200 | | 200 |
| 10/24/2006 | Charles W. (Bill) Wood [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 50 | | 100 |
| 11/01/2006 | Ben L. Schmid [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 | | 100 |
| 11/01/2006 | Steven Fischer [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Real Estate Investments | 100 | | 100 |
| SUBTOTAL \$ | | | | 950 | | |

Schedule A Summary

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ | 1950 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ | 0.0 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ | 1950 |

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--------------------------------------------------------------------------------|--|--------------------------------|
| Statement covers period from <u>10/22/2006</u> through <u>12/31/2006</u> | | CALIFORNIA FORM 460 |
| | | |
| NAME OF FILER Richard A. Nichols | | I.D. NUMBER 1248401 |

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------|---------------------------------------|
| 11/01/2006 | Audrey S. Burnand [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 500 | | 500 |
| 11/01/2006 | NBCC Land [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 | | 500 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 1000 | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule B – Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | |
|---------------------------------------------------|--------------------------------|
| Statement covers period from <u>10/22/2006</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2006</u> | |
| Page <u>6</u> of <u>9</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Richard A. Nichols

I.D. NUMBER

1248401

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------|------------------------------------------|---------------------------------------------------------|
| Richard A. Nichols 519 Iris Avenue Corona del Mar, CA 92625 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Engineer R. A. Nichols Engineering | \$ 1150 | \$ 5350. | <input type="checkbox"/> PAID \$ 0.0 <input type="checkbox"/> FORGIVEN \$ 0.0 | \$ 6500 NA DATE DUE | 0.0 % RATE \$ 0.0 | \$ 1150 08/09/02 DATE INCURRED | CALENDAR YEAR \$ 6500 PER ELECTION** \$ 6500 |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS \$ | | | 5350 \$ | 0.0 \$ | 6500 \$ | 0.0 | | |

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 5350
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 5350
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/22/2006 | |
| through | 12/31/2006 | Page <u>7</u> of <u>9</u> |
| NAME OF FILER | | I.D. NUMBER |
| Richard A. Nichols | | 1248401 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---------------------------------------------------------------|-----|-------------------------------------------|-----|-----------------------------------------------------------|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---------------------------------------------------------------------------------|---------|--------------------------------------------|-------------|
| Chase Card Services P.O. Box 94014 Palatine, IL 60094-4014 | LIT | Copies for Less Jensen Printing USPO | 2195.11 |
| Balboa Beacon P.O. Box 4336 Balboa, CA 92661-4336 | LIT | | 100.00 |
| Corporate Mailing 1624 S. Clementine St. Anaheim, CA 92802 | LIT | | 6111.90 |
| Times Community News Daily Pilot, 1375 Sunflower Ave Costa Mesa, CA 92626 | PRT | | 315.00 |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 8722.01

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | |
|--------------------------------------------------------------------------------|----------------------------|
| Statement covers period from <u>10/22/2006</u> through <u>12/31/2006</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>9</u> |
| | I.D. NUMBER 1248401 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Richard A. Nichols

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|-------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------|---------------------------------------|---------------------------------------------------------|----------------------------------------------------------|
| Chase Credit Card Member Services PO Box 94014 Palatine, IL 60094-4014 | | 377.63 | 1817.48 | 2195.11 | 0.0 |
| | | | | | |
| | | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$ 377.63 \$ 1817.48 \$ 2195.11 \$ 0.0

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 1817.48**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 2195.11**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -377.63**
May be a negative number

**Schedule I
Miscellaneous Increases to Cash**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/22/2006 | |
| through | 12/31/2006 | Page <u>9</u> of <u>9</u> |
| NAME OF FILER | | I.D. NUMBER |
| Richard A. Nichols | | 1248401 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---------------------------------------------------------------------------|-------------------------------|----------------------------|
| 12/06/06 | City of Newport Beach 3300 Newport Blvd Newport Beach, CA 92663 | Refund from Candidate Filings | 381 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 381

Schedule I Summary

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|
| 1. Itemized increases to cash this period. | \$ | 381 |
| 2. Unitemized increases to cash of under \$100 this period. | \$ | 0.0 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ | 0.0 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ | 381 |