

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST TIMOTHY	MI H
	NICKNAME	LAST NELSON	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	10412 NOEL DR FRISCO TX 75035		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 898-8461	EXTENSION
	MS / MRS / MR MR	FIRST DAVID	MI H.
6 CAMPAIGN TREASURER NAME	NICKNAME	LAST PAUL	SUFFIX
	7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 623 DOGWOOD TR. MCKINNEY, TX 75070		
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 562-7248	EXTENSION
	9 REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED		Month Day Year	Month Day Year
		02 / 07 / 2011	THROUGH 04 / 04 / 2011
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	05 / 14 / 2011		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FRISCO CITY COUNCIL (PLACE 5)	
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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME
TIMOTHY H. NELSON

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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	\$ \emptyset
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1450.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ \emptyset
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4. TOTAL POLITICAL EXPENDITURES	\$ 8631.17
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CONTRIBUTION BALANCE

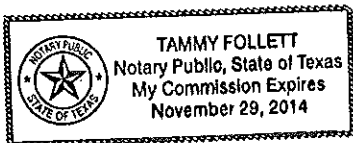
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1450.00
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OUTSTANDING LOAN TOTALS

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



Timothy H. Nelson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Timothy Nelson, this the 14th day of April, 20 11, to certify which, witness my hand and seal of office.

Tammy Follett
Signature of officer administering oath

Tammy Follett
Printed name of officer administering oath

Notary
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: 10 F 2	
2 FILER NAME <i>TIMOTHY H. NELSON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/21/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN W. MILLER</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>3156 WHITE SPRUCE DR. FRISCO, TX 75034</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/15/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHRIS McDONALD</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1010 ROSINE ST #207 HOUSTON, TX 77019</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>STUDENT</i>		Employer (See Instructions)	
Date <i>3/20/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TED HART</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>6703 CANYON LAKE LN FRISCO TX 75034</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/7/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBERT MEDIGOVICH</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>P.O. Box 2415 FRISCO TX 75034</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>C.W.D.</i>	
Date <i>3/22/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHARLES HANEBOOTH</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>7254 BAY HILL DR FRISCO TX 75034</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>2 of 2</i>	
2 FILER NAME <i>#TIMOTHY H. NELSEN</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/25/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WILLIAM SEWELL</i>	7 Amount of contribution (\$) <i>400.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6101 WILMINGTON DR. FRISCO, TX 75035</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>COO</i>		10 Employer (See Instructions) <i>GREEN DOT</i>	
Date <i>3/21/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICHARD ABERNETHY</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7422 SAINT PETERSBURG ST. FRISCO TX 75034</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/12/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KAYSE PAUL</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 815965 DALLAS, TX 75381</i>		(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)	
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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 10 of 4	2 FILER NAME TIMOTHY H. NELSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/16/2011	5 Payee name TOM THUMB
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6 Amount (\$) 30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4848 PRESTON RD, FRISCO TX 75034
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE EVENT	(b) Description (If travel outside of Texas, complete Schedule T) WATER FOR EVENT (PADDY DASH)
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Date 3/7/2011	Payee name STAPLES
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Amount (\$) 53.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3333 PRESTON RD, FRISCO, TX 75035
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) LABELS FOR WATER BOTTLES (PADDY DASH)
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Date 3/18/2011	Payee name TMG SPORTSWEAR, LP
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Amount (\$) 3599.51 3300.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 5604 FRISCO, TX 75035
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) T-SHIRTS
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Date 3/11/2011	Payee name FRISCO STYLE MAGAZINE
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Amount (\$) 700.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1676 FRISCO, TX 75034
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) ADS - APRIL ISSUE
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2024</i>	2 FILER NAME <i>TIMOTHY H. NELSON</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3/10/2011</i>	5 Payee name <i>WINE SHOP AT HOME</i>
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6 Amount (\$) <i>268.31</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>607 AIRPARK RD NAPA, CA 94558</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>GIFTS EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>THANK YOU GIFTS</i>
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Date <i>3/18/2011</i>	Payee name <i>DOWLING & ASSOCIATES</i>
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Amount (\$) <i>952.60</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>5336 ALPHA RD. SUITE #2 DALLAS, TX 75240</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>PENS</i>
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Date <i>3/25/2011</i>	Payee name <i>KWIK COPY BUSINESS CENTER</i>
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Amount (\$) <i>84.60</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3411 PRESHON RD. FRISCO TX 75034</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>GIFTS EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>THANK YOU CARDS</i>
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Date <i>3/11/2011</i>	Payee name <i>FIRST GRAPHIC SERVICES INC</i>
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Amount (\$) <i>2231.57</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>229 GARVON ST. GARLAND TX 75040</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>CAMPAIGN SIGNS</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3004	2 FILER NAME TIMOTHY H. NELSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/12/2011	5 Payee name EMBROID ME
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6 Amount (\$) 151.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3411 PRESTON RD #6 FRISCO TX 75034
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) NAME TAGS
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Date 3/21/2011	Payee name CATER 10
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Amount (\$) 618.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9514 PLEASANT TR. FRISCO, TX 75035
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) KICKOFF EVENT CATERING
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Date 2/23/2011	Payee name PRINT PLACE
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Amount (\$) 451.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1130 AVE H. EAST ARLINGTON TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MAILER
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Date 2/28/2011	Payee name PRINT PLACE
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Amount (\$) 1150.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1130 AVE H. EAST ARLINGTON TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POSTAGE
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4 of 4	2 FILER NAME TIMOTHY W. NELSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/28/2011	5 Payee name PRINT PLACE
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6 Amount (\$) 99.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1130 AVE H, EAST ARLINGTON TX 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) BUSINESS CARDS
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Date 2/28/2011	Payee name FRISCO FAMILY SERVICES
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Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8780 3RD ST. FRISCO TX 75034
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) SIMPLY RED GALA
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Date 2/17/2011	Payee name THE GRAPE ESCAPE
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Amount (\$) 19.82 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2832 ELDERADO #214 LITTLE ELM TX 75034
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) SIMPLY RED GALA MIXER
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Date 3/27/2011 2011.02	Payee name PRINT PLACE
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Amount (\$) 208.82 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1130 AVE H EAST ARLINGTON TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) HAND OUTS
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED