

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
--	--	---------------------------------------	----------------------

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI Mr. Wesley L. <hr/> NICKNAME LAST SUFFIX Nute Jr.	<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 24pt; color: blue; font-weight: bold;">Received</div> <div style="font-size: 24pt; color: blue; font-weight: bold;">APR 28 2023</div> Carrollton-Farmers Branch ISD Superintendent's Office  Date Hand-Delivered or Date Postmarked <div style="color: blue; font-weight: bold; font-size: 18pt;">PC 4/28/23</div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged							
Receipt #	Amount \$													
Date Processed														
Date Imaged														
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2620 Valley View Ln #103 Farmers Branch, TX 75234													
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (214 ) 308-2755													
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Mr. Wesley L. <hr/> NICKNAME LAST SUFFIX Nute Jr.													
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2620 Valley View #103 Farmers Branch, TX 75234													
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ( 214 ) 308-2755													
<b>9 REPORT TYPE</b>	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>		<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)				
<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)											
<b>10 PERIOD COVERED</b>	<table style="width:100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">4 / 7 / 23</td> <td></td> <td style="text-align: center;">4 / 28 / 23</td> </tr> </table>		Month Day Year	THROUGH	Month Day Year	4 / 7 / 23		4 / 28 / 23						
Month Day Year	THROUGH	Month Day Year												
4 / 7 / 23		4 / 28 / 23												
<b>11 ELECTION</b>	<table style="width:100%;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td style="width:70%;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month Day Year</td> <td> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> </td> </tr> <tr> <td style="text-align: center;">5 / 6 / 23</td> <td></td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month Day Year	<table style="width:100%;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		5 / 6 / 23	
ELECTION DATE	ELECTION TYPE													
Month Day Year	<table style="width:100%;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special								
<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description												
<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special													
5 / 6 / 23														
<b>12 OFFICE</b>	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)												
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages	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.													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"></td> <td style="width:20%;">COMMITTEE TYPE</td> <td style="width:80%;">COMMITTEE NAME</td> </tr> <tr> <td></td> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME		GENERAL	COMMITTEE ADDRESS		SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
	COMMITTEE TYPE	COMMITTEE NAME												
	GENERAL	COMMITTEE ADDRESS												
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME												
		COMMITTEE CAMPAIGN TREASURER ADDRESS												

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

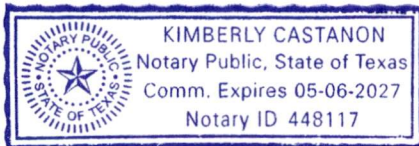
<b>15 C/OH NAME</b> Wesley L. Nute, Jr.		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,185.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 2,162.30
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,202.22
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,795.65

**18 SIGNATURE** 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.

*Wesley Nute*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Wesley Nute this the 28th day of April, 2023, to certify which, witness my hand and seal of office.  
*Kimberly Castanon* Kimberly Castanon Notary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Wesley L. Nute, Jr.

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,185.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,162.30
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Wesley L. Nute, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2023	5 Full name of contributor out-of-state PAC (ID#: Nita Haliburton 6 Contributor address; City; State; Zip Code 1409 Endicott Dr., Arlington, TX 76018	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions) Career Advisor		9 Employer (See Instructions) Tarrant County College
Date 04/08/2023	Full name of contributor out-of-state PAC (ID#: Alex Coulter Contributor address; City; State; Zip Code 904 Park Vista Dr., Northlake, TX 76247	Amount of contribution (\$)  10.00
Principal occupation / Job title (See Instructions) Civil Rights Investigator		Employer (See Instructions)
Date 04/09/2023	Full name of contributor out-of-state PAC (ID#: Nicholas Kontoh Contributor address; City; State; Zip Code 1800 N. Hall St., Dallas, TX 75204	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)
Date 04/10/2023	Full name of contributor out-of-state PAC (ID#: Maureen Milligan Contributor address; City; State; Zip Code 5918 Williamstown Rd., Dallas, TX 75230	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) Field Director		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.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Wesley L. Nute, Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/10/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Hillary Killough</b> 6 Contributor address; City; State; Zip Code <b>4409 Sycamore Ln Parker, TX 75002</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions) <b>Insurance Agent</b>		9 Employer (See Instructions)
Date <b>04/11/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Amanda Calloway</b> Contributor address; City; State; Zip Code <b>821 Revena Dr, Austell, GA 30168</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
Date <b>04/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ade Sawyer</b> Contributor address; City; State; Zip Code <b>894 Sheppard Rd., Stone Mountain, GA</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Communications Strategist</b>		Employer (See Instructions)
Date <b>04/14/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ben Nyamaah</b> Contributor address; City; State; Zip Code <b>498 Forest Ln., Melissa, TX 75454</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>Engineer</b>		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.		

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**2 FILER NAME**

### 3 Filer ID (Ethics Commission Filers)

**5** Full name of contributor

100.00

Date \_\_\_\_\_

Full name of contributor

25.00

Date \_\_\_\_\_

Full name of contributor

250.00

Date \_\_\_\_\_

Full name of contributor

250.00

Revised 8/17/2020

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **4****2** FILER NAME

Wesley L. Nute, Jr.

**3** Filer ID (Ethics Commission Filers)**4** Date

04/24/2023

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sarah Berel-Harrop

**7** Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

3047 Eric Lane, Farmers Branch, 75234

**8** Principal occupation / Job title (See Instructions)

Intern Minister; Director of Religious Education

**9** Employer (See Instructions)

Date

04/15/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Gary Beason

Amount of contribution (\$)

**200.00**

Contributor address;

City;

State;

Zip Code

1207 Brittainy Dr., Carrollton, TX 75006

Principal occupation / Job title (See Instructions)

Content Strategist

Employer (See Instructions)

Date

04/13/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

James Bagby

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

2620 Valley View Ln #204, Farmers Branch, TX 75234

Principal occupation / Job title (See Instructions)

Retired Law Enforcement

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Wesley L. Nute, Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/11/2023	<b>5</b> Payee name Texas Trade Graphics	
<b>6</b> Amount (\$)  562.30	<b>7</b> Payee address; City; State; Zip Code 2935 Irving, Suite 201, Dallas, TX 75247	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Road signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/13/2023	Payee name Judson Stafford; Install Connect, Inc.	
Amount (\$) 600.00	Payee address; City; State; Zip Code 505 W. State St., Garland, TX 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Road sign placement and maintenance
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/17/2023	Payee name Laurel Bush	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Manager Payment
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED