

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:
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Mrs. Bernadette W </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; margin-top: 10px;">Nutall</div>		<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Imaged</div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="text-align: center; margin-top: 5px;">6603 Priage Flower Trail Dallas, Texas 75227</div>		<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; transform: rotate(-90deg); transform-origin: center;"> 2018 JUL 16 AM 7:15 BOARD SERVICES DALLAS ISD </div>
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> (214) 432-0929 </div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Mrs. Willie Mae </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; margin-top: 10px;">Coleman</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 3802 York Street Dallas, Texas 75210 </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> (214) 421-9788 </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 6 / 1 / 2018 </div> <div>THROUGH</div> <div> Month Day Year 7 / 15 / 2018 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year 6 / 16 / 2018 </div> <div style="width: 60%;"> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> </div> </div> </div>		
12 OFFICE	12 OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	School Board Trustee		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Bernadette Nutall

15 Filer ID (Ethics Commission Filers)

**16 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

COMMITTEE NAME

☒ GENERAL

Alliance of Dallas Educators United Teachers Political Action Committee

☐ SPECIFIC

COMMITTEE ADDRESS

334 Centre Street Dallas, Texas 75208

COMMITTEE CAMPAIGN TREASURER NAME

Karla L. Montoya

COMMITTEE CAMPAIGN TREASURER ADDRESS

334 Centre Street Dallas, Texas 75208

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 16,400.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 16,400.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 25,213.54

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,516.46

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

18 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.

Bernadette Nutall

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BERNADETTE NUTALL, this the 16TH day of JULY, 20 18, to certify which, witness my hand and seal of office.

Gina Lopez

Signature of officer administering oath

GINA LOPEZ

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Bernadete Nutall

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,400.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 25,213.54
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Bernadette Nutall		3 Filer ID (Ethics Commission Filers)	
4 Date 6/16/2018		5 Payee name ALP Printing			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 5534 S. Hampton Dallas, Texas 75232			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Bernadette Nutall		Office sought Office held School Board Trustee	
Date 6/8/2018		Payee name Texas Democrats Party			
Amount (\$) \$145.00		Payee address; City; State; Zip Code P.O. Box 116 Austin, Texas 78767			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Polling Expenses		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Bernadette Nutall		Office sought Office held School Board Trustee	
Date 6/2018		Payee name JAPP & Marketing Group			
Amount (\$) \$4,000.00		Payee address; City; State; Zip Code P.O. Box 75376 Dallas, Texas 75376			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Polling Expenses		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Bernadette Nutall		Office sought Office held School Board Trustee	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Bernadette Nutall		3 Filer ID (Ethics Commission Filers)	
4 Date 6/16/2018		5 Payee name P.U.M.A. Associates			
6 Amount (\$) \$7,500.00		7 Payee address; City; State; Zip Code 5604 Lewis Street Dallas, Texas 75206			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Polling Expenses		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Bernadette Nutall		Office sought Office held School Board Trustee	
Date 6/16/2018		Payee name Simply Stephanie			
Amount (\$) \$700.00		Payee address; City; State; Zip Code 5221 Elkridge Drive Dallas, Texas 75227			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Bernadette Nutall		Office sought Office held School Board Trustee	
Date 6/13/2018		Payee name Design Factory			
Amount (\$) \$2,500.00		Payee address; City; State; Zip Code 1409 South Lamar Dallas, Texas 75215			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Bernadette Nutall		Office sought Office held School Board Trustee	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Bernadette Nutall		3 Filer ID (Ethics Commission Filers)	
4 Date 6/16/2018		5 Payee name Media Desk Marketing & Promotion			
6 Amount (\$) \$4,500.00		7 Payee address; City; State; Zip Code 150 HWY 67 Duncanville, Texas 75137			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Bernadette Nutall		Office sought	Office held School Board Trustee
Date 6/13/2018		Payee name Castle Business Soulutions			
Amount (\$) \$3,229.85		Payee address; City; State; Zip Code 2777 N. Stemmons FWY Suite 1242 Dallas, Texas 75207			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Bernadette Nutall		Office sought	Office held School Board Trustee
Date 6/13/2018		Payee name U.S. Post Office			
Amount (\$) \$2,138.69		Payee address; City; State; Zip Code 401 Tom Landry Hwy. Dallas, Texas 75260-9996			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Bernadette Nutall		Office sought	Office held School Board Trustee
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Bernadette Nutall		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucious Williams 6 Contributor address; City; State; Zip Code 1421 Covington Drive DeSoto, Texas 75115-7703	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 6/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darren James Contributor address; City; State; Zip Code 1505 Sequoia Grove Lane Lewisville, Texas 75067	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) KAI Texas
Date 6/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Barrera Contributor address; City; State; Zip Code 37023 Stallion Run Magnolia, Texas 77355	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katrina Keys Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1;
2 FILER NAME Bernadette Nutall		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Democracy One PAC 6 Contributor address; City; State; Zip Code 1600 Thorntree DeSoto, Texas 75115	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Unknown		9 Employer (See Instructions) Unknown
Date 6/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Johnson Contributor address; City; State; Zip Code 17704 Knollmeadow Lane Dallas, Texas 75287	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Unknown
Date 6/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorene Dominguez Contributor address; City; State; Zip Code 8850 Vista DeLago Circle Granite Bay, CA 95746	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 6/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Lou Garcia Contributor address; City; State; Zip Code 12222 Winnetka Avenue Dallas, Texas 75208	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
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**

The Instruction Guide explains how to complete this form.

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

Bernadette Nutall

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

6/8/2018

5 Full name of contributor

Leona Luca

☐ out-of-state PAC (ID# _____)**6** Contributor address;

City; State; Zip Code

3969 Roland Blvd. Saint Louis, MO 63121

7 Amount of contribution (\$)

\$300.00

8 Principal occupation / Job title (See Instructions)

Unknown

9 Employer (See Instructions)

Unknown

Date

6/8/2018

Full name of contributor

Ruel M. Hamilton

☐ out-of-state PAC (ID# _____)

Contributor address;

City; State; Zip Code

325 N. St. Paul

Dallas, Texas 75201

Amount of contribution (\$)

\$5,500.00

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Unknown

Date

6/8/2018

Full name of contributor

Robert Marshall Jr.

☐ out-of-state PAC (ID# _____)

Contributor address;

City; State; Zip Code

8 Cheltenham Way

Dallas, Texas 75230

Amount of contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Unknown

Date

6/8/2018

Full name of contributor

Trelaine Marapp

☐ out-of-state PAC (ID# _____)

Contributor address;

City; State; Zip Code

12612 Beech Trail Lane

Euless, Texas 76040-3428

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

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**

The Instruction Guide explains how to complete this form.

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

Bernadette Nutall

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

6/8/2018

5 Full name of contributor

Ben S. McMillan

☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

5931 Desert Oak Way

Spring, Texas 77379

8 Principal occupation / Job title (See Instructions)

Unknown

9 Employer (See Instructions)

Unknown

Date

6/8/2018

Full name of contributor

Blanca Dolores May

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

4861 Sharp Street

Dallas, Texas 75247

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

6/8/2018

Full name of contributor

Robert Long

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

3819 Commerce Street

Dallas, Texas 75226

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

6/8/2018

Full name of contributor

Dr. DeRoyce D. Simmons

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

2934 Hastings Drive

Grand Prairie, Texas 75052

Principal occupation / Job title (See Instructions)

Pharmacist

Employer (See Instructions)

Unknown

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Bernadette Nutall		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Martinez 6 Contributor address; City; State; Zip Code Unknown Unknown	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Unknown		9 Employer (See Instructions) Unknown
Date 6/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Proctor Contributor address; City; State; Zip Code P.O. Box 765129 Dallas, Texas 75216	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Coverall
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Unknown	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Unknown		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.		