

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI			
Mrs. Bernadette		W		Date Received 2015 AUG 17 PM 3:44 BOARD SERVICES DALLAS ISD RECEIVED	
NICKNAME LAST SUFFIX		Nutall			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year    Month Day Year 4 / 9 / 2015 THROUGH 5 / 1 / 2015		Receipt #    Amount \$	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

A miscalculation and typo was noted and corrected.


7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



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 17TH day of AUGUST, 2015, to certify which, witness my hand and seal of office.

Gina Castillo  
Signature of officer administering oath

GINA CASTILLO  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# 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
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,834.92
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,175
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,659.92
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.



AFFIX NOTARY STAMP / SEAL ABOVE

Bernadette Nutall  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said BERNADETTE NUTALL, this the \_\_\_\_\_ day of 19TH, 20 15, 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

# 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

7/8/2015

5 Full name of contributor

Marsha Evans

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

5218 ALEC Drive Garland, Texas 75043

8 Principal occupation / Job title (See Instructions)

Non-Profit Director

9 Employer (See Instructions)

Date

7/5/2015

Full name of contributor

Ron Price

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

3622 Jamica Street Dallas, Texas 75210

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Date

7/8/2015

Full name of contributor

Lueretha Slack

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1403 Ten Mile Drive Cedar Hill, Texas 76210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/8/2015

Full name of contributor

Dr. Roscoe Smith

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

12256 Center Court Drive Dallas, Texas 75243

Principal occupation / Job title (See Instructions)

Retired

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

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

6/27/2015

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Marilyn Clark

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

2500 Pine Street Dallas, Texas 75216

8 Principal occupation / Job title (See Instructions)

Community Organizer

9 Employer (See Instructions)

Date

4/29/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Hispanic PAC of Dallas

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

2438 ALCO Avenue Dallas, Texas 75211

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Bruce W. Parrott

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

11208 Yorkmont Circle Dallas, Texas 75218

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

5/3/2015

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Calvin W. Stephens

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

8150 N. Central EXPWY. Dallas, Texas 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

7/4/2015

5 Full name of contributor

☐ out-of-state PAC (ID#:

Shirley Ison-Newsome

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

P.O. Box 600517 Dallas, Texas 75360

8 Principal occupation / Job title (See instructions)

Retired

9 Employer (See instructions)

Date

7/6/2015

Full name of contributor

☐ out-of-state PAC (ID#:

Dr. Rosie M. C. Sorrells

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

6606 Glen Forest Lane Dallas, Texas 75241

Principal occupation / Job title (See instructions)

Retired

Employer (See instructions)

Date

7/6/2015

Full name of contributor

☐ out-of-state PAC (ID#:

Charmaine H. Price and Robert Price

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

5206 Woodsboro Lane Dallas, Texas 75241

Principal occupation / Job title (See instructions)

Retired

Employer (See instructions)

Date

6/30/2015

Full name of contributor

☐ out-of-state PAC (ID#:

Ann T. Gibson

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

2110 Texas Ash Drive Irving, Texas 75063

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.

# 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

6/8/2015

5 Full name of contributor

Katrina M. Keys

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

3003 State Street Dallas, TX 75204

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

6/8/2015

Full name of contributor

Diane Ragsdale

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$125.00

Contributor address; City; State; Zip Code

3811 Dunbar St. Dallas, TX 75215

Principal occupation / Job title (See Instructions)

Management

Employer (See Instructions)

Date

7/8/2015

Full name of contributor

Lucious L. Williams

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

1421 Covington DeSoto, TX 75115

Principal occupation / Job title (See Instructions)

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.

# 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

7/8/2015

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lisa Camel

6 Contributor address;

City; State; Zip Code

6923 Forest Glade Circle Dallas, Texas 75230

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

7/8/2015

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

J.D. Smotzer

Contributor address;

City; State; Zip Code

3310 Fairmount Street Dallas, Texas 75201

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

7/8/2015

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tracy Carter

Contributor address;

City; State; Zip Code

3719 High Vista Drive Dallas, Texas 75244

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/20/2015

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

J. McDonald Williams

Contributor address;

City; State; Zip Code

5646 Milton Street Dallas, Texas 75206

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Retired

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

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

7/8/2015

5 Full name of contributor

Ken Carter

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

4909 Haverwood Dallas, Texas 75287

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Date

7/8/2015

Full name of contributor

Gary Griffin

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

8150 N. Central Expwy Dallas, Texas 75206

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Date

7/8/2015

Full name of contributor

Walter Dansby

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1909 Cliffbrook Court Fort Worth, Texas 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/8/2015

Full name of contributor

Pamela Pope Johnson

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1216 Post Oak Lane DeSoto, Texas 75115

Principal occupation / Job title (See Instructions)

Retired

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.



**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A2:**2** FILER NAME

Bernadette Nutall

**3** Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

**5** Date  
5/5/2015**6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

DeMetris Sampson

**7** Contributor address; City; State; Zip Code

P.O. Box 2252 Dallas, TX 75221

**8** Amount of Contribution \$  
\$4,284.92**9** In-kind contribution description  
Field Operation,  
Printing, Ads,  
Message Dissemin☐ Check if travel outside of Texas, complete Schedule T**10** Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)**11** Employer (FOR NON-JUDICIAL)(See Instructions)**12** Contributor's principal occupation (FOR JUDICIAL)

Attorney

**13** Contributor's job title (FOR JUDICIAL)(See Instructions)**14** Contributor's employer/law firm (FOR JUDICIAL)

Retired

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)**16** If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.