

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;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Mrs.</div> <div>Bernadette</div> <div>W.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; margin-top: 10px;">Nutall</div>		<div style="border: 1px solid black; padding: 5px;">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; justify-content: space-between; border: 1px solid black; padding: 5px; margin-top: 5px;"> <div>Receipt #</div> <div>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	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="display: flex; justify-content: space-between;"> <div>1409 South Lamar</div> <div>Dallas, TX</div> <div>75215</div> </div> <div style="margin-top: 5px;"><input type="checkbox"/> Change of Address</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(214)</div> <div>884-5288</div> <div></div> </div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Ms.</div> <div>Lavida</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; margin-top: 10px;">Samuel</div>		<div style="border: 1px solid black; padding: 5px;">2015 JUL 15 PM 4:15 RECEIVED BOARD SECRETARIES DALLAS ISD</div>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="display: flex; justify-content: space-between;"> <div>3311 Elm Street</div> <div>Dallas, TX</div> <div>75226</div> </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(214)</div> <div>734-7652</div> <div></div> </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 5 / 2 / 2015 </div> <div>THROUGH</div> <div> Month Day Year 7 / 15 / 2015 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 / 9 / 2015 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known)</div> </div> <div style="text-align: center; margin-top: 10px;">DISD School Board Trustee</div>		

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

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,450

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

\$ 275.00

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 15TH
day of JULY, 20 15, to certify which, witness my hand and seal of office.

Gina Castillo

GINA CASTILLO

NOTARY PUBLIC

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Bernadette 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	\$4,450
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$4,284.92
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$4,175
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsha Evans 6 Contributor address; City; State; Zip Code 5218 ALEC Drive Garland, Texas 75043	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Non-Profit Director		9 Employer (See Instructions)
Date 7/5/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Price Contributor address; City; State; Zip Code 3622 Jamica Street Dallas, Texas 75210	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 7/8/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lueretha Slack Contributor address; City; State; Zip Code 1403 Ten Mile Drive Cedar Hill, Texas 76210	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/8/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Roscoe Smith Contributor address; City; State; Zip Code 12256 Center Court Drive Dallas, Texas 75243	Amount of contribution (\$) \$300.00
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

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

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

7/4/2015

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
6/8/2015Full 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
7/8/2015Full 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 4/20/2015	Full name of contributor <input type="checkbox"/> 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

☐ out-of-state PAC (ID#: _____)

Ken Carter

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

☐ out-of-state PAC (ID#: _____)

Gary Griffin

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

☐ out-of-state PAC (ID#: _____)

Walter Dansby

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

☐ out-of-state PAC (ID#: _____)

Pamela Pope Johnson

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
4/5/2015

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 Dissemi

☐ 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.

POLITICAL EXPENDITURES 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

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 5/8/2015	5 Payee name C. Houston	
6 Amount (\$) 1,066.00	7 Payee address; City; State; Zip Code 4347 Hampton Dallas, Texas 75232	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	
	(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 Trustee		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	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		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	
	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		
Office sought		
Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES 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

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 4/7/2015		5 Payee name C. Houston			
6 Amount (\$) 780.00		7 Payee address; City; State; Zip Code 4347 Hampton Dallas, Texas 75232			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(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 Trustee	
Date 4/8/2015		Payee name ALP Printing			
Amount (\$) \$29.00		Payee address; City; State; Zip Code 5534 S. Hampton Dallas, Texas 75232			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		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 Trustee	
Date 4/9/2015		Payee name C. Houston			
Amount (\$) 2,300.00		Payee address; City; State; Zip Code 4347 S. Hampton Dallas, Texas 75232			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		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 Trustee	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					