

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

FIRST

MI

Mrs.

Bernadette

W.

NICKNAME

LAST

SUFFIX

Nuttall

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1409 South Lamar

Dallas

Texas 75215

☐ change of address5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

884-5288

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Lavida

NICKNAME

LAST

SUFFIX

Samuel

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3311 Elm Street

Dallas Texas

75226

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

734-7652

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign
treasurer appointment
(officeholder only)☐

July 15

☒

8th day before election

☐Exceeded \$500
limit☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

4

/

9

/

2015

THROUGH

Month

Day

Year

5

/

1

/

2015

11 ELECTION

Month

ELECTION DATE
Day

Year

5

/

9

/

2015

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

DISD School Board Trustee

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

RECEIVED
BOARD SERVICES
DALLAS ISD

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,300.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$ 6,154.38
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 573.18
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

EXPENDITURE
TOTALSCONTRIBUTION
BALANCEOUTSTANDING
LOAN TOTALS

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 1ST day of MAY, 20 15, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/12/2015

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

DeMetris Sampson

6 Contributor address; City; State; Zip Code

P.O. Box 2252

Dallas, Texas 75221

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

\$1,371.00

Contract Labor

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Retired

Date

4/19/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

DeMetris Sampson

Contributor address; City; State; Zip Code

P.O. Box 2252

Dallas, Texas 75221

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

\$1,320.00

Contract Labor

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Retired

Date

4/23/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

DeMetris Sampson

Contributor address; City; State; Zip Code

P.O. Box 2252

Dallas, Texas 75221

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

\$1,558.00

Printing

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Retired

Date

4/23/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

DeMetris Sampson

Contributor address; City; State; Zip Code

P.O. Box 2252

Dallas, Texas 75221

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

\$2,062.11

Mailing

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Retired

Date

4/26/2015

Full name of contributor

☐ out-of-state PAC (ID# _____)

DeMetris Sampson

Contributor address; City; State; Zip Code

P.O. Box 2252

Dallas, Texas

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

\$2,565.00

Signs

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/12/2015

5 Full name of contributor

☐ out-of-state PAC (ID#:

DeMetris Sampson

6 Contributor address; City; State; Zip Code

P.O. Box 2252

Dallas, Texas 75221

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

\$1,371.00

Contract Labor

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Retired

Date

4/19/2015

Full name of contributor

☐ out-of-state PAC (ID#:

DeMetris Sampson

Contributor address; City; State; Zip Code

P.O. Box 2252

Dallas, Texas 75221

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

\$1,320.00

Contract Labor

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Retired

Date

4/23/2015

Full name of contributor

☐ out-of-state PAC (ID#:

DeMetris Sampson

Contributor address; City; State; Zip Code

P.O. Box 2252

Dallas, Texas 75221

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

\$1,558.00

Printing

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Retired

Date

4/23/2015

Full name of contributor

☐ out-of-state PAC (ID#:

DeMetris Sampson

Contributor address; City; State; Zip Code

P.O.Box 2252

Dallas, Texas 75221

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

\$2,062.11

Mailing

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Retired

Date

4/26/2015

Full name of contributor

☐ out-of-state PAC (ID#:

DeMetris Sampson

Contributor address; City; State; Zip Code

P.O. Box 2252

Dallas, Texas

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

\$2,565.00

Signs

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/8/2015

5 Full name of contributor

☐ out-of-state PAC (ID#:

H. Giddings

6 Contributor address; City; State; Zip Code

400 S. Zang Blvd. Suite 816

Dallas, Texas 75208

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/20/2015

Full name of contributor

☐ out-of-state PAC (ID#:

Eugene Davis

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2015

Full name of contributor

☐ out-of-state PAC (ID#:

Alva Green Simmons

Contributor address; City; State; Zip Code

7137 Forest Mist

Arlington, Texas 76001

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2015

Full name of contributor

☐ out-of-state PAC (ID#:

Michael Brown

Contributor address; City; State; Zip Code

2133 Sutter Street

Dallas, Texas 75216

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/2015

Full name of contributor

☐ out-of-state PAC (ID#:

Patricia McCullough

Contributor address; City; State; Zip Code

543 Breton Drive

Grand Prairie, Texas 75052

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Bernadette Nutall		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/20/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J. McDonald Williams or Ellen Williams 6 Contributor address; City; State; Zip Code 5646 Milton Street, Suite 407 Dallas, Texas 75206	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David G. Luther, Jr. Contributor address; City; State; Zip Code 619 Kessler Springs Drive Dallas, Texas 75208	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Betzen Contributor address; City; State; Zip Code 6717 Cliffwood Drive Dallas, Texas 75237	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CPT. Diane Birdwell, U.S.A.R. Contributor address; City; State; Zip Code 5705 Meadowick Lane Dallas, Texas 75227	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alliance of Dallas Educators Teachers PAC Contributor address; City; State; Zip Code 334 Centre Street Dallas, Texas 75208	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
		(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/30/2015

5 Full name of contributor

☐ out-of-state PAC (ID#:

Texas State Teachers Association PAC

6 Contributor address; City; State; Zip Code

316 W. 12th Street

Austin, Texas 78701

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

\$1,015.16

Mailer

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Bernadette Nutall	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/25/2015	5 Payee name Booker Industries	
6 Amount (\$) \$262.38	7 Payee address; City; State; Zip Code 2344 Farrington Dallas, Texas 75207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (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 DISD Trustee
Date 4/28/2015	Payee name Ladell Ferrell	
Amount (\$) \$1,275	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 Loan	Description (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 DISD Trustee
Date 4/27/2015	Payee name Ruby Henry	
Amount (\$) \$1,480.00	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 (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 DISD Trustee
Date 4/27/2015	Payee name Jonathan Luke	
Amount (\$) \$440.00	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 (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 DISD Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Bernadette Nutall		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/27/2015	5 Payee name Demetris Mosley		
6 Amount (\$) 465.00	7 Payee address; City; State; Zip Code 4347 S. Hampton Dallas, Texas 75232		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (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 DISD Trustee
Date 4/27/2015	Payee name Runda Prater		
Amount (\$) \$432.00	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 Loan	Description (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 DISD Trustee
Date 4/27/2015	Payee name Beatrice Stone		
Amount (\$) \$280.00	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 (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 DISD Trustee
Date 4/27/2015	Payee name Gary Warren		
Amount (\$) \$1,145.00	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 (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 DISD Trustee

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Bernadette Nutall		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/27/2015	5 Payee name Richard Deming		
6 Amount (\$) \$320.00	7 Payee address; City; State; Zip Code 4347 S. Hampton Dallas, Texas 75232		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (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 DISD Trustee
Date 4/27/2015	Payee name Hollywood Heights Art in The Park Event Booth Fee		
Amount (\$) \$75.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (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 DISD Trustee
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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 (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