CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			OOVER	INCELPG I
The C/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER		MI	OFFIC	E USE ONLY
NAME	Mrs. Bernadette	W.	Date Received	3
	NUCKNAME LAST NUTALL	SUFFIX		-
4 CANDIDATE /				
OFFICEHOLDER MAILING ADDRESS	ADDRESS/POBOX; APT/SUITE#; CITY; 1409 South Lamar Dallas	STATE; ZIP CODE Texas 75215	Date Hand-delivered	or Poolmarked
change of address				oi rosimaried
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt #	Amount
OFFICEHOLDER PHONE	(214) 884-5288		Date Processed	Ü
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS. Lavida NICKNAME LAST	MI	Date Imaged	
	Samuel	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREETADDRESS (NO POBOX PLEASE); APT/SUITE#; 3311 Elm Street	CITY: STATE; Dallas Texas	ZIP CODE 75226	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 734-7652	EXTENSION		
9 REPORT TYPE	January 15 30th day before election July 15 X 8th day before election	Runoff Exceeded \$500	15th day after treasurer appoi (officeholder only) Final report (Atta	ntment
10 PERIOD COVERED	Month Day Year 4 / 9 / 2015	Month Day 5 / 1 /	Year 2015	
11 ELECTION	ELECTION DATE Month Day Year 5 / 9 / 2015 ELECTION TYPE Primary [Runoff X Ge	neral	Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
·	DISD School Board Trustee	, , , , , , , , , , , , , , , , , , ,		
	GO TO PAGE	2		
				1

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

00110101	G IOIAL		COVER SHEET PG 2
14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD CHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR DESIGNATION BED'S KNOWLEDGE OF
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 25.00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,300.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	SED \$ 0
CONTRIBUTION	4. TOTAL I	POLITICAL EXPENDITURES	\$ 6,154.38
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA RTING PERIOD	\$ 573.18
OUTSTANDING LOAN TOTALS	6. TOTAL PE	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD	E \$ 0
18 AFFIDAVIT	Gina Casti Notary Public State of Texas Expires: 12-04-2	is true and correct and includes all in	formation required to be reported by
AFFIX NOTARY STAMP		e, by the said BERNADETTE NUL	
Sworn to and subsc	of MAY	e, by the said	hand and seal of office.
Signature of officer adminis	stering oath	Printed name of officer administering oath	Title of officer administering oath

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:				
2 FILER NAME Bernadette Nutall			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/12/2015	DeMetris Sampson 6 Contributor address; City; State; Zip Code			\$1,371.00
	P.O. Box 2252			Contract Labor
	Dallas, Texas 75221		(If travel outside	of Texas, complete Schedule T)
9 Principal occur At	pation / Job title (See Instructions) ctorney	10 Employer (See Retired	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/19/2015	DeMetris Sampson		(ψ)	,
	Contributor address; City; State; Zip Code P.O. Box 2252			\$1,320.00
	Dallas, Texas 75221			Contract Labor
				of Texas, complete Schedule T)
	pation / Job title (See Instructions) Attorney	Employer (See I Retired	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
4/23/2015	DeMetris Sampson		contribution (\$)	description (if applicable)
1/23/2013	Contributor address; City; State; Zip Code			\$1,558.00
	P.O. Box 2252			Printing
	Dallas, Texas 75221		(If travel outside	of Texas, complete Schedule T)
Principal occup Attor	pation / Job title (See Instructions) ney	Employer (See I Retired		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/23/2015	Contributor address; City; State; Zip Code			\$2,062.11
	P.O.Box 2252			Mailing
	Dallas, Texas 75221		(15.1	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	Attorney	Retired		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
4/26/2015	DeMetris Sampson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			\$2,565.00
	P.O. Box 2252 Dallas, Texas			Signs
			(If travel outside o	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See In		
		Retired		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:					
2 FILER NAME Bernadette Nutall			3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
10 (1000)	DeMetris Sampson		contribution (\$)	description (if applicable)	
4/12/2015	6 Contributor address; City: State; Zip Code			\$1,371.00	
329.45 g/4899	Secretarion and experimental to the Control of the			Contract Labor	
	P.O. Box 2252				
	Dallas, Texas 75221		L	of Texas, complete Schedule T)	
9 Principal occur At	pation / Job title (See Instructions)	10 Employer (See Retired	Instructions)		
Date	Full name of contributor		Amount of	In-kind contribution	
4/19/2015	DeMetris Sampson		contribution (\$)	description (if applicable)	
4/19/2015	Contributor address; City; State; Zip Code		3	\$1,320.00	
	P.O. Box 2252			Contract Labor	
	Dallas, Texas 75221				
Daine de la constant	antian / lab title (Con Instructions)	Employer (See I		of Texas, complete Schedule T)	
	pation / Job title (See Instructions) Attorney	Employer (See I Retired	nstructions)		
Date	Full name of contributor ut-of-state PAC (ID#:_	1	Amount of	In-kind contribution	
Date	DeMetris Sampson		contribution (\$)	description (if applicable)	
4/23/2015	Contributor address; City; State; Zip Code			\$1,558.00	
	P.O. Box 2252			Printing	
	Dallas, Texas 75221				
7 - Villa (1)			(If travel outside	of Texas, complete Schedule T)	
Principal occup Attor	pation / Job title (See Instructions)	Employer (See I Retired	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution	
	DeMetris Sampson		contribution (\$)	description (if applicable)	
4/23/2015	Contributor address; City; State; Zip Code			\$2,062.11	
	P.O.Box 2252			Mailing	
	Dallas, Texas 75221				
		F1(01		of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions) Attorney	Employer (See I Retired	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
4/26/2015	DeMetris Sampson		contribution (\$)	description (if applicable)	
4/26/2015	Contributor address; City; State; Zip Code			\$2,565.00	
	P.O. Box 2252			Signs	
	Dallas, Texas				
				of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I Retired	nstructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Bernadet	te Nutall			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7	
4 Date)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/8/2015	H. Giddings		\$100.00	
1,0,000	6 Contributor address; City; State; Zip Code	********	\$100.00	
	400 S. Zang Blvd. Suite 816			
	Dallas, Texas 75208		(If traval autoids	of Towar consolete Cohodule To
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
	, and (000 modulation)	To Employor (occ.)	med dedictio)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Eugene Davis		contribution (\$)	description (if applicable)
4/20/2015			\$250.00	
	Contributor address; City; State; Zip Code		,	
			(If traval outpide o	of Toyon, complete Cahadula T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
	Alva Green Simmons		contribution (\$)	description (if applicable)
4/30/2015 Contributor address; City; State; Zip Code			\$100.00	
	7137 Forest Mist			
	Arlington, Texas 76001			1
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	Michael Brown		contribution (\$)	description (if applicable)
4/30/2015	Contributor address; City; State; Zip Code		\$100.00	
	2133 Sutter Street			
	Dallas, Texas 75216		I	
Bringing agour	potion / Joh title (See Instructions)	Frankrian (Carl		of Texas, complete Schedule T)
Fillicipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
	Patricia Mccullough		contribution (\$)	description (if applicable)
4/30/2015	Contributor address; City; State; Zip Code		\$25.00	
	543 Breton Drive		φ ∠ 5.00	
			l l	
	Grand Prairie, Texas 75052		(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In		The conduct of

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	1 Total pages Sch	edule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Bernadette Nutall				*
4 8-4-	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	contribution (\$)	description (if applicable)
	J. McDonald Williams or Ellen	Williams	\$1,000	1
4/20/2015	6 Contributor address; City; State; Zip Code			
	5646 Milton Street, Suite 407			
	Dallas, Texas 75206		(If topical autoida	of Tours complete Cabadula D
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
9 Philicipal occup	Pation / Job title (See Mandellons)	10 Employer (occ)	mod dodono)	
Date	Full name of contributor ut-of-state PAC (ID#:	1	Amount of	In-kind contribution
Bule	David G. Luther, Jr.		contribution (\$)	description (if applicable)
4/26/2015			\$75.00	
	Contributor address; City; State; Zip Code 619 Kessler Springs Drive		ψ73.00	
	Dallas, Texas 75208			
	Dallas, Texas 75200		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Bill Betzen		contribution (\$)	description (if applicable)
4/27/2015	Contributor address; City; State; Zip Code		\$100.00	
	6717 Cliffwood Drive			
	Dallas, Texas 75237			I
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/13/2015	CPT. Diane Birdwell, U.S.A.R.			
_,,	Contributor address; City; State; Zip Code	F 10 140 14 14 40 30 100 100 100 100	\$50.00	
	5705 Meadowick Lane			
	Dallas, Texas 75227		(15 1 1 1 1 1	(Tours consider Oaksdule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	,		NACOS (1904 - 1905 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904 - 1904	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Alliance of Dallas Educators Te	achers PAC	contribution (\$)	description (if applicable)
4/3/2015 Contributor address; City; State; Zip Code 334 Centre Street			\$1,500.00	
			, -,	
	Dallas, Texas 75208			1
	Dallad, Icaab 13200		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / 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 foradditional reporting requirements.

Revised 07/28/2014 www.ethics.state.tx.us

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sci	hedule A:
2 FILER NAME Bernadet	tte Nutall		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:_ Texas State Teachers Associa	***************************************	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/30/2015	6 Contributor address; City; State; Zip Code			\$1,015.16 Mailer
	316 W. 12th Street Austin, Texas 78701			
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occur	pation / Job title (See Instructions)	F (C)	(if travel outside o	of Texas, complete Schedule T)
,		Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	Contributor address; City; Slate; Zip Code	Employer (See Is		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		1	
Principal occupa	ation / Job title (See Instructions)	Employer (See In	(If travel outside of	Texas, complete Schedule T)
		Employer (See In	istructions)	
Date .	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		-	
Principal occupa	tion / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
If co	ATTACH ADDITIONAL COPIES OF ntributor is out-of-state PAC, please see instru	THIS SCHEDULE A	SNEEDED	equirements.

POLITICAL EXPENDITURES

SCHEDULE F

	TOLITIOAL				OOTILDOLL I
	Advertising Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co		Loan Repayment/	Reimbursement
	Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	trict	Contributions/Don Candidate/Office	uipment & Related Expense ations Made By ceholder/Political Committee category not listed above)
		The Instruction Guide explains how to	complete this for	m.	
1	Total pages Schedule F:	2 FILER NAME Bernadette Nutall		3 ACCOUN	T # (Ethics Commission Filers)
4	Date	5 Payee name			
	4/25/2015	Booker Industries			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$262.38	2344 Farrington Dallas, Texas 75207			
8	PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Tex	as, complete Schedule T)
	EXPENDITURE	Printing Expense	Check if Au	ustin, TX, officeholde	er living expense
9	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholdername Bernadette Nutall	Office sought	(Office held DISD Trustee
	Date 4/28/2015	Payee name Ladell Ferrell		- Committee 1	
	Amount (\$)	Payee address; City; State; Zip Code			- N
	\$1,275	4347 S. Hampton Dallas, Texas 75	5232		
	PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Tex	as, complete Schedule T)
	OF EXPENDITURE	Contract Loan	Check if Au	ustin, TX, officeholde	er living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholdername Bernadette Nutall	Office sought		Office held DISD Trustee
	Date 4/27/2015	Payee name Ruby Henry	50 01000		
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,480.00	4347 S. Hampton Dallas, Texas 75	5232		
	PURPOSE OF	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Tex	as, complete Schedule T)
	EXPENDITURE	Contract Habor	Check if Au	ustin, TX, officeholde	er living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholdername H Bernadette Nutall	Office sought		Office held DISD Trustee
	Date	Payee name			
	4/27/2015	Jonathan Luke			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$440.00	4347 S. Hampton Dallas, Texas 7	5232		
	PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Tex	as, complete Schedule T)
	OF EXPENDITURE	Contract Labor	Check if Au	ustin, TX, officeholde	er living expense
	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholdername DH Bernadette Nutall	Office sought		Office held DISD Trustee
		ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS N	NEEDED	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

		wip == ==			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contract Labor Loralising Expense Tot Contract	oan Repayment/Reimbursement ransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee of the content of the cont		
1	The Instruction Guide explains how t	o complete this form	i.		
1 Total pages Schedule F:	2 FILER NAME Bernadette Nutall		3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name				
4/27/2015	Demetris Mosley				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
465.00	4347 S. Hampton Dallas, Texas	75232			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)		
EXPENDITURE	Contract Labor	☐ Check if Aus	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholdername OH Bernadette Nutall	Office sought	Office held DISD Trustee		
Date 4/27/2015	Payee name Runda Prater	301			
Amount (\$)	Payee address; City; State; Zip Code				
\$432.00	4347 S. Hampton Dallas, Texas	75232			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)		
OF			, , , , , , , , , , , , , , , , , , ,		
EXPENDITURE	Contract Loan				
		Check if Aus	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Bernadette Nutall	Office sought	Office held DISD Trustee		
Date 4/27/2015	Payee name Beatrice Stone				
Amount (\$)	Payee address; City; State; Zip Code				
\$280.00	4347 S. Hampton Dallas, Texas	75232			
	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)		
PURPOSE		,000,000,000,000,000,000,000,000,000,0	40 mm 1995 million gardingstrett in 18 mm (1 2 mm 19		
OF EXPENDITURE	Contract Labor	Check if Aus	stin, TX, officeholder living expense		
	0-414-1-1000-1-14				
Complete ONLY if direct	Candidate/Officeholdername Bernadette Nutall	Office sought	Office held		
expenditure to benefit C/C	DOLINGUES INCOL		DISD Trustee		
Date	Payee name				
4/27/2015	Gary Warren				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,145.00	4347 S. Hampton Dallas, Texas	75232			
BUBBCC	Category (See categories listed at the top of this schedule)	Description (If	f travel outside of Texas, complete Schedule T)		
PURPOSE OF					
EXPENDITURE	Contract Labor	Check if Aus	stin, TX, officeholder living expense		
	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/0		Office sought	DISD Trustee		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNI	EEDED		
l	AT INDITIONAL OUT IEGOT THIS CONTEDUCE AS REEDED				

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Experiment trict Candidate/Officeholder/Political Commontal Expense OTHER (enter a category not listed above	nittee	
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 (\$)	7 Payee address; City; State; Zip Code			
\$320.00	4347 S. Hampton Dallas, Texas 7	5232		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Contract Labor	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholdername DH Bernadette Nutall	Office sought Office held DISD Trus	tee	
	Pausa nama			
Date 4/27/2015	Payee name Hollywood Heights Art in The Pa	ark Event Booth Fee		
Amount (\$)	Payee address; City; State; Zip Code			
\$75.00				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/C	DH Bernadette Nutall	DISD Truste	е	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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