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	OFFICE USE ONLY	
117.111.2	NICKNAME LAST	, , , , , , , , , , , , , , , , , , ,	Bale Nocived	
	Mrs. Bernadette	Nutall	P	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked	
change of address	1409 South Lamar Dallas	Texas 75215	Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 884-5288	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged	
NAME	Ms. Lavida NICKNAME LAST Samuel	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREETADDRESS (NO PO BOX 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 8th day before election	Runoff Exceeded \$500 [imit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
COVERED	Month Day Year 1 / 15 / 2015 THROUGH	Month Day 4 / 9 /	Year 2015	
11 ELECTION	Month ELECTION DATE Day Year Primary 5 9 2015	Runoff X G	eneral Special	
12 OFFICE	OFFICE HELD (ifany)	13 OFFICE SOUGHT (if known)		
	School Board Trustee			
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Berr	nadette Nutall		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	COMMITTEE NAME			
	GENERAL	N/A			
	SPECIFIC	COMMITTEE ADDRESS			
	of conto	N/A			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		N/A			
5		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		N/A			
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) \$ 4,180.04				
EXPENDITURE TOTALS	3. TOTAL P	AL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0			
	4. TOTAL	AL POLITICAL EXPENDITURES \$ 752.48			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3,427.56				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0				
18 AFFIDAVIT					
Si Si	na Castillo otary Public, ate of Texas es:12-04-2018		perjury, that the accompanying report information required to be reported by		
	sele.	Signature of Candi	idate or Officeholder		
AFFIX NOTARY STAMP	/ SEAL ABOVE	0 - 2 - 1 - 2			
Sworn to and subso			TALL, this the		
day	of APRIL	, 20 <u>15</u> , to certify which, witness my	y hand and seal of office.		
_ Ma C	astillo	GINACASTILLO 1	NOTARY PUBLIC		

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sc	hedule A:
2 FILER NAME Bernadette N	utall		3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/4/2015	5 Full name of contributor out-of-state PAC(ID#: John L. Proctor 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
	1526 Oak Meadows Drive Dallas, Texas 7	5232	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 3/9/2015	Full name of contributor out-of-state PAC(ID#_ J. McDonald Williams Contributor address; City; State; Zip Code		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
	5646 Milton Street Dallas, Texas 75206		(If travel outside	
Principal occup	ation / Job title (See Instructions)	Employer (See I		The second secon
Date 3/9/2015	Full name of contributor out-of-state PAC(ID#_ Ellen Carter Williams Contributor address; City; State; Zip Code		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occup	5646 Milton Street Dallas, Texas 75206			 of Texas, complete Schedule T)
Timelpar occup	ation / 30b title (3ee mstructions)	Employer (See I	nstructions)	
Date 3/17/2015	Full name of contributor out-of-state PAC(ID#: Dallas Friends of Public Education Contributor address; City; State; Zip Code		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
	P.O. Box 670561 Dallas, Texas 75367-05	61	(If travel outside o	of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ir		- Sandard 1/
Date 3/3/2015	Full name of contributor out-of-state PAC (ID#: Harryette Erhardt Contributor address; City; State; Zip Code		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupa	5731 Swiss Avenue Dallas, Texas 75214	Employer (See In		f Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME Bernadette N			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 3/31/2015	5 Full name of contributorout-of-state PAC(ID# DeMetris Sampson)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		\$158.50	
	P.O. Box 2252 Dallas, Texas 75221		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		\$1,000.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor uut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	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 occup	ation / Job title (See Instructions)	Employer (See I	(If travel outside or nstructions)	f Texas, complete Schedule T
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occupa	ation / Job title (See Instructions)	Employer (See Ir	(If travel outside of nstructions)	Texas, complete Schedule T)
		-		

(512) 463-5800

PLEDG	SED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule B:
2 FILER NAME Bernadette	•		3 ACCOUNT # (E	thics Commission Filers)
4 TOTA	AL OF UNITEMIZED PLEDGES:	$\Rightarrow \Rightarrow \Rightarrow$		\$
5 Date N/A	6 Full name of pledgor out-of-state PAC(ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		(If travel outside c	of Texas, complete Schedule T)
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See Ir		, 19/13/
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	20 N		
Principal occur		1		of Texas, complete Schedule T)
Fillicipal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)
			 (If travel outside of	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		<u> </u>
Date	Full name of pledgor ut-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	*********	[
Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC(ID#)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occupa	ration / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
If co	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE A	AS NEEDED	equirements.

LOANS				SCHEDULE E	
The	Instruction Guide explains how to comp	lete this form.	1 Total pa	iges Schedule E:	
2 FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)	
Bernadette Nuta	all				
4 TOT/	AL OF UNITEMIZED LOANS:	⇒ ⇔ ⇔ ⇔ ;	⇒	\$	
5 Date of loan N/A	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	* * 140 * *2	10 Interest rate	
YN				11 Maturity date	
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Collateral none 15 Check if personal funds were deposited into political account			into political account		
16 GUARANTOR INFORMATION	17 Name of guarantor	1		19 Amount Guaranteed (\$)	
18 Guarantor address; City; State; Zip Code					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City; State; Z	ip Code		Interest rate	
Y N				Maturity date	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal funds were d	leposited ii	nto political account	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
not applicable	Guarantor address; City; St	tate; Zip Code			
Principal Occupati	Principal Occupation (See Instructions) Employer (See Instructions)				
If lend	ATTACH ADDITIONAL COPIES ler is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEED ction guide for additional repo	ED rting requ	iirements.	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages// Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead.	Contract Labor raising Expense i istrict /Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	The Instruction Guide explains how to	complete this for	
Total pages Schedule F.	2 FILER NAME Bernadette Nutall		3 ACCOUNT # (Ethics Commission Filers
4 Date 3/27/2015	5 Payee name Janet Bridges	4,,,,,,,,,,	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
552.48	P.O. Box 180932 Dallas, Texas 75218		
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 A	ustin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Bernadette Nutall	Office sought	t Office held School Trustee
Date 3/27/2015	Payee name Nethel Jackson		
Amount (\$)	Payee address; City; State; Zip Code		
100.00			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Contract Labor	Check if Au	ıstin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Bernadette Nutall	Office sought	Office held School Trustee
Date 3/27/2015	Payee name Dodd Education - Delta Sigma Theta, Inc.		
Amount (\$)	Payee address; City; State; Zip Code	N. Control of the Con	
\$100.00			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
EXPENDITURE	Event Sponsorship	Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Bernadette Nutall	Office sought	Office held School Trustee
Date	Payee name		School Husico
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE		Check if A	stin, TX, officeholder living expense

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 840 GriffWarderStevense Consulting Santing Consulting Santing Consulting Santing Consulting Santing Consulting Santing Consulting Santing Expense Free Principle Expense Poling Expense Principle Exp			
Bernadette Nutall 4 Date N/A 5 Payee name N/A 6 Amount (\$) 7 Payee address; City: State: Zip Code Representations from publication control publications from publication control publications from publicati	Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/6 Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead	Contract Labor raising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee /Rental Expense OTHER (enter a category not listed above)
N/A	1 Total pages Schedule G:		3 ACCOUNT # (Ethics Commission Filers
Rambursament from pailical contributions intensed	30 S200 S24500	5 Payee name	
Date	Reimbursement from political contributions	7 Payee address; City; State; Zip Code	
Amount (\$)	OF	(a) Category (See categories listed at the top of this schedule)	
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Payee name Payee address; City; State; Zip Code Reimbursement from political contributions intended Payee name Category (See categories listed at the top of this schedule) Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See categories listed at the top of this schedule) Payee name Category (See categories listed at the top of this schedule) Payee name Category (See categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Payee name Category (See categories listed at the top of this schedule) Payee name Category (See categories listed at the top of this schedule) Payee name Category (See categories listed at the top of this schedule) Payee name Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense	Date	Payee name	
Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Date Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from Check if Austin, TX, officeholder living expense Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	Reimbursement from political contributions	Payee address; City; State; Zip Code	
Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions internded PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense Amount (\$) Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions internded Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	OF	Category (See categories listed at the top of this schedule)	
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense Amount (\$) Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	Date	Payee name	
Date Payee name Check if Austin, TX, officeholder living expense Date Payee address; City; State; Zip Code Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense	Reimbursement from political contributions	Payee address; City; State; Zip Code	
Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense	OF	Category (See categories listed at the top of this schedule)	
Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	Date	Payee name	
OF EXPENDITURE Check if Austin, TX, officeholder living expense	Reimbursement from political contributions	Payee address; City; State; Zip Code	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	OF	Category (See categories listed at the top of this schedule)	
		ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES I Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Ro	ntract Labor sing Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
4 Tatal nagas Schodula H	The Instruction Guide	e explains how to o	complete this for	
1 Total pages Schedule H:	2 FILER NAME Bernadette Nutall			3 ACCOUNT # (Ethics Commission Filers)
4 Date N/A	5 Business name			
6 Amount (\$)	7 Business address; City; St	tate; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	p of this schedule)		If travel outside of Texas, complete Schedule T) stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	,	Office sought	
Date	Business name			
Amount (\$)	Business address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)		travel outside of Texas, complete Schedule T) tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	<u> </u>	Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
			Check if Aus	itin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Star	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)		travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SC	HEDULE AS NE	EDFD

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how	w to complete this form.
1 Total pages Schedule I	I: 2 FILER NAME Bernadette Nutall	3 ACCOUNT # (Ethics Commission Filers)
4 Date N/A	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME Bernadette		3 ACCOUNT # (Ethics Commission Filers)
4 Date N/A	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
-	Purpose for which amount is received	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME Bernadette Nutall	3 ACCOUNT # (Ethics Commission Filers)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee N/A				
5 Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G			
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E			
6 Dates of travel 7 Name of person(s) traveling				
8 Departure city or name of departure location				
9 Destination city or name of destination location				
10 Means of transportation 11 Purpose of travel (including name of conference, ser	minar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A Schedule B Schedule C Schedule I	D Schedule F Schedule G			
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E			
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Cobadda Communication Communic				
Schedule A Schedule B Schedule C Schedule C Schedule H Schedule N COH-UC COH-T	Schedule F Schedule G			
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, seminal	ar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				