CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIG	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 /	MS/MRS/MR FIRST MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mrs. Bernadette W	Date Received
147-0012	NICKNAME LAST SUFFIX	Date Received
	Nutall	Contraction Contra
4 CANDIDATE /	ADDRESS / PO BOX: APT / SUITE#; CITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING ADDRESS	2922 Coteau Way Dallas Texas 75227	Date Hand-delivered or Postmarked
change of address		Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 884-5288	Date Processed
6 CAMPAIGN	MS/MRS/MR FIRST "MI	Date Imaged
TREASURER NAME	Ms. Lavida	
Cyclina	NICKNAME LAST SUFFIX	
	Samuel	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; CITY; STATE; 3311 Elm Street, Suite 106 Dallas, Texas 75226	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 734-2652	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day 5 / 2 / 2012 THROUGH 7 / 15	Year / 2012
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff X	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known	1)
	School Board Trustee	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Bernadette	Nutall		15 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAM ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
	COMMITTEE TYPE	COMMITTEE NAME Kids First				
×	SPECIFIC	4447 N. Central Expw. STE. 110 Dallas, Texas 75205				
on and the state of the state o		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		Nelson-Hsu				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		6324 McCommas Avenue Dalla	s, Texas 75214			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,415.29			
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	AIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 25,966.05			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST (DRTING PERIOD	PAY \$ 11,141.59			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 Y OF THE REPORTING PERIOD	THE \$			
18 AFFIDAVIT						
S A S N	INA CASTILLO lotary Public, tate of Texas		perjury, that the accompanying report information required to be reported by			
	m. Exp. 12-04-14	Signature of Can	didate or Officeholder			
AFFIX NOTARY STAM		DEPARADENTE AR	m//			
Sworn to and subs	of JUH	10	ny hand and seal of office.			
Signature of officer admi	astillo pistering path	GINA CASTILLO M	OUTARY PUBLIC			
agnatare or emicer autili		Printed name of officer administering oath	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 Sch	nedule A:			
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)			
Be	rnadette Nutall						
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution			
5/14/2012	Dallas Kids First			description (if applicable)			
	6 Contributor address; City; State; Zip Code		\$5,000	1			
	4447 N. Central Expwy. Suite 1	10		1			
	Dallas, Texas 75205		(If travel outside	of Texas, complete Schedule T)			
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	instructions)				
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution			
	DeMetris Sampson		contribution (\$)	description (if applicable)			
5/21/2012	Contributor address; City; State; Zip Code	********	\$300.00	Phone Assistance			
	P.O. Box 2252		7000.00				
	Dallas, Texas 75221		(If frough outsides	of Texas, complete Schedule T)			
Principal occu	pation / Job title (See Instructions)	Employer (See I		or rexas, complete ochedule 1)			
Date	Full name of contributor Out-of-state PAC(ID#:_ Rojo 032 Branding LLC)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
5/7/2012	Contributor address; City; State; Zip Code		\$399.67	Printing Expense			
	14255 Blanco Road						
	San Antonio, Texas 78216		(If travel outside	of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rocco, complete conclude 1)			
Date	Full name of contributor out-of-state PAC(ID#: Rojo 032 Blanco Road		Amount of contribution (\$)	In-kind contribution description (if applicable)			
5/7/2012	Contributor address; City; State; Zip Code		\$1,817.50	Drinting Evenes			
	San Antonio, Texas 78216		Ψ1,017.00	Printing Expense			
		e distributions	04.				
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)			
Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	* * 15 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			ar			
	Contributor address; City; State; Zip Code						
				and the state of t			
			(If travel outside	of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (Sec I					
	#7			1			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	PLEDGED CONTRIBUTIONS			SCHEDULE B
	The Instruction Guide explains how to complete this form.		1 Total pages Sche	dule B:
2	Bernadette Nutall		3 ACCOUNT # (Eti	nics Commission Filers)
4	TOTAL OF UNITEMIZED PLEDGES: ⇔ ⇔ ⇔	⇔	D D	\$
5	Date 6 Full name of pledgor Out-of-state PAC(ID# N/A		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
40	Principal occupation / Job title (See Instructions) 11 Employe	er (See In:	****	f Texas, complete Schedule T)
	* Interpart occupation / 300 dae (occ metadation)	J. (000		
	Date Full name of pledgor ☐ out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)
the state of the s	Pledgor address; City; State; Zip Code	,	- diffuse services	
			j	
	Principal occupation / Job title (See Instructions) Employe	er (See In:		f Texas, complete Schedule T)
d a madelability man	The paragraph of the fore mental control of the forest of	(030 m	54 3545113 <i>)</i>	
	Date Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (If applicable)
Total dept.	Pledgor address; City; State; Zip Code			
Altri malina Ani			i	
_	Dringing appungtion / Joh title (See Instructions) Employees	(Sac in		f Texas, complete Schedule T)
decimality topological	Principal occupation / Job title (See Instructions) Employe	er (See In	structions)	
	Date Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		, , ,	
			I	
-	Principal occupation / Job title (See Instructions) Employ	/er (See In		f Texas, complete Schedule T)
		V-2000	,	
	Date Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
All the state of t	Pledgor address; City; State; Zip Code			
			(If travel outside o	if Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employe	er (See In		
	ATTACH ADDITIONAL COPIES OF THIS SCI	HEDIN E	AS NEEDED	
	If contributor is out-of-state PAC, please see instruction guid			requirements.

P.O. Box 12070

LOANS		· ·		SCHEDULE E	
The	Instruction Guide explains how to compl	ete this form.	fi Total pag	es Schedule E:	
2 FILER NAME	Bernadette Nutall 3 ACCOUN				
4 TOTA	TOTAL OF UNITEMIZED LOANS: ⇔ ⇔ ⇔ ⇔ ⇔				
5 Date of loan	7 Name of lender N/A	out-of-state PAC (ID#:)	§ Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate	
YN				11 Maturity date	
12 Principal occupati	I on / Jab title (See Instructions)	13 Employer (See Instructions)	L.		
14 Description of Col	lateral	15 Check if personal funds were	deposited	into political account	
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)	
not applicable		F			
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;	Zip Code		Interest rate	
YN				Maturity date	
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)			
Description of Coll	ateral	Check if personal funds were	deposited	into political account	
none			·		
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code			
Principal Occupa	tion (See Instructions)	Employer (See Instructions)			
If ler	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NE ruction guide for additional re		quirements.	

P.O. Box 12070

SCHEDULE F

Advertising Evenses	EXPENDITURE CA				
Advertising Expense Accounting/Banking		alaries/Wages/Con		Loan Repayment/R	
Consulting Expense		olicitation/Fundrais avel in District	ing Expense		pment & Related Expense
Event Expense	Polling Expense Travel Out Of District Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Comm				
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)				
	The Instruction Guide exp				logory not nated above;
1 Total pages Schedule F:	² FILER NAME Bernadette Nutall			3 ACCOUNT	# (Ethics Commission Filers
4 Date	5 Payee name				
5-18-2012	Big City Sporting Good	ls			
Amount (\$)	7 Payee address; City; State;				
\$171.50	1504 Mockingbird				
	DeSoto, Texas 75225				
§ PURPOSE OF	(a) Category (See categories listed at the top of the	his schedule)	(b) Description	(If travel outside of Texas	s, complete Schedule T)
EXPENDITURE	Advertising		Campaign	n T-Shirts	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	t	Office held
Date	Payee name				
5/12/2012	Lucy Cain				
Amount (\$)	Payee address; City; State;	Zip Code			
\$152.00	4308 Spring Avenue				
7 . 5	Dallas, Texas 75210				
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description	If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Contract Labor	•	Phone B	ank	
Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name	***************************************			
5/12/2012	Crysta Mosley				
Amount (\$)	Payee address; City; State;	Zip Code	* * * * * * * * * * * * * * * * * * * *		
C470.00	653 Jamilie Drive				
\$176.00	DeSoto, Texas 75115				
PURPOSE	Category (See categories listed at the top of thi	is schedule)	Description (If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Contract Labor		Phone Ba		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date	Payee name			A Michigan	
5/9/2012	Felicia Pitre				
Amount (\$)	Payee address; City; State;	Zip Code			
\$1,800.00					
PURPOSE	Category (See categories listed at the top of this	is schedule)	Description (If travel outside of Texas	complete Schedule T)
OF EXPENDITURE	Polling Expense		Early Vo		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SO	HEDULFASA	IEEDED	
				s non out the but	

SCHEDULE F

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide explains how to	ontract Labor Loa dising Expense Tra Cor trict Rental Expense OTI	n Repayment/Reimbursement nsportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Bernadette Nutall		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/12/2012	5 Payee name Harwood 609		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$525.42	609 Harwood Street		
	Dallas, Texas 75201 (a) Category (See categories listed at the top of this schedule)	(b) Description /lite	evel outside of Texas, complete Schedule T)
8 PURPOSE OF EXPENDITURE	Food/Beverage Expenses	Control Control	Night Watch Event
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 5/12/2012	Payee name Wal-Mart Supercenter		
Amount (\$)	Payee address; City; State; Zip Code		
\$467.72	Dallas, Texas		
PURPOSE	Category (See categories listed at the top of this schedule)	An international and the second	avei outside of Texas, complete Schedule T;
OF EXPENDITURE	Food/Beverage Expense	Breakfast,	Drinks, Gas for Vans
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
5/12/2012	Richard Deming		
Amount (\$)	Payee address; City; State; Zip Code		
\$620.00			×
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Poll Watch	er/Worker
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
5/12/2012	Cecil Spead		
Amount (\$)	Payee address; City; State; Zip Code		
\$395.00			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Ifte	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Poll Wate	cher/Worker
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of	s/Contract Labor L	oan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above) n.
1 Total pages Schedule F:	2 FILER NAME Bernadette Nutall		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/12/2012	5 Payee name Rosalyn Akins	and and a second	
6 Amount (\$) \$279.00	7 Payee address; City; State; Zip Code 7200 Stemmons Fwy #1304 Dallas, Texas 75247		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Phone Ba	nk
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name)H	Office sought	Office held
Date 5/12/2012	Payee name Cynthia Riley		
Amount (\$)	Payee address; City; State; Zip Code		
\$6.043.38	8040 Texridge Drive		
	Dallas, Texas 75232		
PURPOSE	Category (See categories listed at the top of this schedule)	1	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Walkers	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
5/12/2012	Ruby Henry		
Amount (\$)	Payee address; City; State; Zip Code	•	
\$350.00	7315 Daingerfield Drive		200
φοσο.σσ	Dallas, Texas 75227		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Phone I	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sough	t Office held
Date	Payee name		
5/12/2012	Capps Van Rental		
Amount (\$)	Payee address; City; State; Zip Code	•	
\$596.24	12235 Self Plaza Drive		
	Dallas, Texas 75218		
PURPOSE OF	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T) nd Walkers
EXPENDITURE	Transportation Equipment		
Complete ONLY if direct expenditure to benefit C		Office sough	t Office held
X	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS	NEEDED

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/G Legal Services Solicitation/Funds Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead. The Instruction Guide explains how to	Contract Labor Local Labor Local Labor Traising Expense Traising Expense Contract Co	oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
Total pages Schedule F:	² FILER NAME Bernadette Nutall		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/12/2012	5 Payee name Rosalyn Akins		
\$ Amount (\$) \$279.00	7 Payee address; City; State; Zip Code 7200 Stemmons Fwy #1304 Dallas, Texas 75247		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Phone Bar	nk
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 5/12/2012	Payee name Cynthia Riley		
Amount (\$)	Payee address; City; State; Zip Code		
\$6.043.38	8040 Texridge Drive		
	Dallas, Texas 75232 Category (See categories listed at the top of this schedule)	Description (III	travel outside of Texas, complete Schedule T)
PURPOSE OF			Tavel dublic di Texes, compete dolladile 17
EXPENDITURE	Contract Labor	Walkers	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
5/12/2012	Ruby Henry	A A A A A A A A A A A A A A A A A A A	
Amount (\$)	Payee address; City; State; Zip Code		
\$350.00	7315 Daingerfield Drive		•
	Dallas, Texas 75227 Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Contract Labor	Phone B	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 5/12/2012	Payee name Capps Van Rental		
Amount (\$) \$296.24	Payee address; City; State; Zip Code 12235 Self Plaza Drive Dallas, Texas 75218		
PURPOSE OF	Category (See categories listed at the top of this schedule) Transportation Equipment	1	f travel outside of Texas, complete Schedule T)
EXPENDITURE	Transportation =quipment		

1.0.DOX 12010

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE	CATEGORIES	OR BOX 8(a)	
Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	ntract Labor Lo Sing Expense Tra Co cict ental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expens ontributions/Donations Made By Candidate/Officeholder/Political Committ THER (enter a category not listed above)
· · · · · · · · · · · · · · · · · · ·	e explains now to c	ompiete this form.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Bernadette Nutall			3 ACCOUNT # (Ethics Commission File
5 Payee name			
Big City Sporting Go	ods		
	tate; Zip Code		
1504 Mockingbird			
DeSoto, Texas 7522	25		
(a) Category (See categories listed at the to	p of this schedule)	(b) Description (If	ravel outside of Texas, complete Schedule T)
Advertising		Campaign	T-Shirts
VENERALISEDENES EN VICTORIA DE LA VICTORIA DEL VICTORIA DEL VICTORIA DE LA VICTORIA DEL VICTORIA DEL VICTORIA DE LA VICTORIA DEL VICTORIA DE LA VICTORIA DEL VICTORIA DE LA VICTORIA DEL VICTORIA DEL VICTORIA DEL VICTORIA DELA VICTORIA DEL VICTORIA	2	Office sought	Office held
Payee name	3		
1991			
 	itate; Zip Code		The state of the s
4308 Spring Avenue	5		
Land the second		Description (If	travel outside of Texas, complete Schedule T)
		Total State Control of the Control o	
	e	Office sought	Office held
Payee name			
Crysta Mosley			
	tate; Zip Code		
653 Jamilie Drive			*
DeSoto, Texas 75115	5		
Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Contract Labor		Phone Ba	nk
	e	Office sought	Office held
Payee name			
Payee address; City; S	State; Zip Code		
Category (See categories listed at the to	top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Polling Expense		Early Vo	ting
Candidate / Officeholder name	e	Office sought	Office held
:/OH			
	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide 2 FILER NAME Bernadette Nutall 5 Payee name Big City Sporting Go 7 Payee address; City; St 1504 Mockingbird DeSoto, Texas 7522 (a) Category (See categories listed at the to Advertising Candidate / Officeholder name OH Payee name Lucy Cain Payee address; City; St 4308 Spring Avenue Dallas, Texas 75210 Category (See categories listed at the to Contract Labor Candidate / Officeholder name OH Payee name Crysta Mosley Payee address; City; St 653 Jamilie Drive DeSoto, Texas 75115 Category (See categories listed at the to Contract Labor Candidate / Officeholder name OH Payee name Crysta Mosley Payee address; City; St 653 Jamilie Drive DeSoto, Texas 75115 Category (See categories listed at the to Contract Labor Candidate / Officeholder name OH Payee name Felicia Pitre Payee address; City; St Category (See categories listed at the to Contract Labor Candidate / Officeholder name OH Payee name Felicia Pitre Payee address; City; St Category (See categories listed at the to Contract Labor Candidate / Officeholder name OH Payee name Felicia Pitre Payee address; City; St Category (See categories listed at the to	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Frinting Expense Printing Expense Travel Out Of Distr Printing Expense Travel Out Of Distr Office Overhead/Re The Instruction Guide explains how to contract Labor Candidate / Officeholder name Payee name Lucy Cain Payee address; City; State; Zip Code 4308 Spring Avenue Dallas, Texas 75210 Category (See categories listed at the top of this schedule) Contract Labor Candidate / Officeholder name Payee name Crysta Mosley Payee address; City; State; Zip Code Category (See categories listed at the lop of this schedule) Contract Labor Candidate / Officeholder name OH Payee name Crysta Mosley Payee address; City; State; Zip Code 653 Jamilie Drive DeSoto, Texas 75115 Category (See categories listed at the top of this schedule) Contract Labor Candidate / Officeholder name OH Payee name Crysta Mosley Payee address; City; State; Zip Code 653 Jamilie Drive DeSoto, Texas 75115 Category (See categories listed at the top of this schedule) Contract Labor Candidate / Officeholder name OH Payee name Felicia Pitre Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Polling Expense Category (See categories listed at the top of this schedule) Polling Expense	Legal Services Food/Beverage Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Printing Expense Travel to District Office Overhead/Rental Expense Office Overhead/Rental E

Austin, Texas 78711-2070

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Gift/Awards/Memorials Expense Advertising Expense Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel Out Of District Event Expense Polling Expense Printing Expense Office Overhead/Rental Expense Fees OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Bernadette Nutall 4 Date 5 Payee name 5/9/2012 **Booker Industries** 6 Amount (\$) City; State; Zip Code 7 Payee address; 8510 Sikorski Lane \$2,711.32 Dallas, Texas 75228 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF Printing Expense EXPENDITURE Mailer Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Dallas Design Agency 5/9/2012 City; State; Zip Code Amount (\$) Payee address; 8510 Sikorski Lane \$540.00 Dallas, Texas 75228 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Advertising Expense Mailer Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Alpha Business Images 5/12/2012 Amount (\$) City; State; Zip Code 6440 N. Central Expressway, Suite 307 \$8,438.47 Dallas, Texas 75206 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF Advertising Expense Radio, Email, Mailer EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 5/12/2012 WMRM Inc. Amount (\$) Pavee address: City; State; Zip Code 2735 Frazier Street Dallas, Texas 75210 \$2,000.00 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Contract Labor Walkers, Poll Watchers/Workers EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expense Transford/Burdraising Expense Food/Beverage Expense Travel In District Cont Polling Expense Travel Out Of District C		Repayment/Reimbursement sportation Equipment & Related Expense Iributions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME		1	3 ACCOUNT # (Ethics Commission Filers)
Protei pages Schedule C.	Bernadette Nutall			The state of the s
A CONTRACTOR OF THE STATE OF TH				
4 Date	5 Payee name			Line Andrews
	N/A			in the state of th
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the	is schedule) (b) Des	scription (If tra	vel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
Reimbursement from political contributions intended				
PURPOSE	Category (See categories listed at the top of the	nis schedule) Des	scription (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			***	
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 the	nis schedule) De:	scription (If tre	evel outside of Texas, complete Schedule Tj
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 t	his schedule) De	scription (Iffire	avel outside of Texas, complete Schedule T}
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDU	ILE AS NEE	DED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Eenking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/R	ntract Labor sing Expense	Loan Repayment/R Transportation Equi Contributions/Donat Candidate/Office	pment & Related Expense ions Made By holder/Political Committee
	The Instruction Guide				tegory not listed above)
1 Total pages Schedule H;	2 FILER NAME	explains now to t	omplete this for		
r Total pages Schedule II.	Bernadette Nu	tall		3 ACCOUNT	# (Ethics Commission Filers)
4 Date	5 Business name		***		
	N/A				
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	p of this schedule)	(b) Description	(If travel outside of Texas	, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought	t	Office held
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE					
	OH-I-LOWI-LU				A A A A A A A A A A A A A A A A A A A
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		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)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	The state of the s	Office held
Date	Business name				
Amount (\$)	Business address; City; Sta	nte; Zip Code		***************************************	47
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas,	completé Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULEASN	IEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundralsing 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

	The Instruction Guide explains how to d	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Bernadette Nutall	
4 Date	5 Payee name	
	N/A	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
a constitution of the cons		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
OF EXPENDITURE		
Date	Payee name	
		,
Amount (\$)	Payee address; City; State; Zip Code	
Table and the same	The second secon	
And description of the Control of th		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
OF EXPENDITURE		The state of the s
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	5
		•
· ·		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
OF EXPENDITURE		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

Austin, Texas 78711-2070 (512) 463-5800

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Scho	pages Schedule K:		
2 FILER NAME Bernadette Nutall		3 ACCOUNT # (E	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Name of person from whom amount is received N/A 6 Address of person from whom amount is received; City; State; Zi	p Code	8 Amount (\$)		
	7 Purpose for which amount is received				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; Z	ip Code	,		
	Purpose for which amount is received				
Date	Name of person from whom amount is received		. Amount (\$)		
	Address of person from whom amount is received; City; State; Z	ip Code	•		
	Purpose for which amount is received				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; 2	Zip Code	•		
	Purpose for which amount is received				
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED	and the control of th		

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 S	Schedule D Schedule F Schedule G				
Schedule H Schedule N COH-UC C	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, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A Schedule B Schedule C S	Schedule D Schedule F Schedule G				
Schedule H Schedule N COH-UC C	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:					
Schedule A Schedule B Schedule C S	Schedule D Schedule F Schedule G				
Schedule H Schedule N COH-UC C	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	1 × x				
Means of transportation Purpose of travel (including name of conferen	nce, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCH	HEDULE AS NEEDED				