# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

					N N
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages file	ed:	
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE	USE ONL	·
OFFICEHOLDER NAME	Ms. Bernadette	W	Date Received		
Subsect Seators autobas	NICKNAME LAST	SUFFIX		222	
	Nutall			750	CI
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	-	Marine Local	
OFFICEHOLDER MAILING	2922 Coteau Way			N	785
ADDRESS	Dallas, Texas 75227	7	Date Hand-delivered of	or Postmarked	<u> </u>
change of address	Dullas, Ichas Isaa		Receipt #	Amount *	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	J.G	
OFFICEHOLDER PHONE	(214) 381-7198		Date Processed		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged		
TREASURER NAME	Ms. Lavida	R			
*	NICKNAME LAST	SUFFIX		ALL SELECTION OF THE SE	
	Samuel				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;  3311 EIM Street, Suitable Dallas, Texas 75226	CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 734-7652	EXTENSION			
9 REPORT TYPE	January 15 🗶 30th day before election	Runoff	15th day after		
			treasurer appo (officeholder only)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Atta	ach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 4 / 12 /	Year 2012		
11 ELECTION	Month ELECTION DATE Day Year Primary  5 / 12 / 2012	Runoff	General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
	School Board				
	Trustee				
	GO TO PAG	iE 2			

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME 15 ACCOUNT # (Ethics				T# (Ethics Commission Filers)	
Bernade	Bernadette Nutall				
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	Educate Dallas			
	GENERAL	20.300			
	SPECIFIC	700 N. Peorl St. G-1200 Dallas, Texas 75201			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		Jim Oberwetter			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	an D	allas,	
		700 N. Pearl St. G-12	00	exas 75201	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N ED \$	14,045.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$14,045.00				
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$		
	4. TOTAL	POLITICAL EXPENDITURES	\$	5,099.21	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 8,945.79			8,945.79	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$	0	

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BERNADETTE NU \_, 20 12 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name 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 form.			1 Total pages Schedule A:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
Be	rnadette Nutall			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
	11-14		contribution (\$)	description (if applicable)
4/2			100.00	
1,12	6 Contributor address; City; State; Zip Code 2402 Park Row		100.00	1
	Dallas, Texas 75215		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
Comr	nunity Developer			
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
4.1	Sharan Lawson		contribution (\$)	description (if applicable)
1 4/2	Contributor address; City; State; Zip Code		100.00	
12	2402 Park Row		100.00	
	Dallas, Texas 75215			
		Seek Mark Booke	1995 1997 20	of Texas, complete Schedule T)
	pation / Job title (See Instructions) Sultant	Employer (See I	a L	¥-3
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	Phyllis Everage  Contributor address; City; State; Zip Code  405 Flame leaf Lane		contribution (\$)	description (if applicable)
4/3			05.00	
113	405 Flame leaf Lane		25.00	
	Cedar Hill, Texas 75	IAII		
	1000 N N N N N N N N N N N N N N N N N N	9840 7821 MRGM 757	A1 1950 10	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	* (%) #
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
11	Jeffrey V. West		contribution (\$)	description (if applicable)
413	Contributor address; City; State; Zip Code		10000	
10	1409 S. Lamar		100.00	
#	A SECOND CONTRACTOR OF THE SECOND CONTRACTOR O			
	Da1195, Texas 75215			of Texas, complete Schedule T)
Real-	hation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
4.1	Erica Davis	***	contribution (\$)	description (if applicable)
4/2	Contributor address; City; State; Zip Code		20 00	
115	2323 N. Houston St		20.00	
	Dallas, Texas 75219	ĺ		
Principal accur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Qrtist		Employer (See I	naductions)	5, 26,20

#### 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

### SCHEDULE A

48 - 5		920 3 472 3		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	ernadette Nutall		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
4.1	Jon + Lois Edmonds		contribution (\$)	description (if applicable)
413	6 Contributor address; City; State; Zip Code		100.00	
.15	1403 Sagewood Driv	e	100.00	
	De Soto, Texas 75115		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Commi	unity Developer			
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11	Sophia Johnson Contributor address; City; State; Zip Code		Commodition (¢)	decempation (in appricable)
4/3		_	100.00	
•	1001 Bellview, ste 100	1	100.00	
	Dallas, Texas 75215		(If travel outside of	of Texas, complete Schedule T)
	oation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor uut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
3/31	Mr. + Mrs. Ronald Stein Contributor address; City; State; Zip Code 25 Robledo Drive	hart.	250.00	description (if applicable)
101			290.00	
	Dallas, Texas 75230		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
21	Educate Dallas		contribution (\$)	description (if applicable)
2/0	Contributor address; City; State; Zip Code		\$10,000	
1 0	1200 N. Pearl Street		10,000	
	Dallas, Texas 75201		(If trough outside of	of Toyon, complete Schedule T
	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Edi	ucation PAC			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/2	Marion Thompson Contributor address; City; State; Zip Code		1. Street at 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	description (if applicable)
1/3	8421 Miramax Trail		\$50.00	
	Dallas, Texas 75249		(If travel outside o	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See I		or revas, complete ochequie 1)
Accou	ntant	Concord		

#### 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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME Berne	adette Nutall		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 4/2	5 Full name of contributor out-of-state PAC (ID#:_  Texas Democratic Pa  6 Contributor address; City; State; Zip Code	e a s <b>eri</b> a a a como a c	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	505 West 12th, Suite			100.00
	Austin, Texas		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	* 146-1-
Date	Full name of contributor out-of-state PAC (ID#:_  Robert B. Rowling		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/111				
114	Contributor address; City; State; Zip Code		500.00	
	Irving, Texas 75039		(If traval autoida s	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		rexas, complete schedule 1)
Date 31a m	Full name of contributor out-of-state PAC (ID#_Carolyn Bar+h Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
12.1	Dallas, Texas 75039	2	2,000.00	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	,	p.o.j.c. (0.00 )	,	
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	**************************************	-	
			1	
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)
	Contributor address; City; State; Zip Code		   	
Principal occur	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
		Employer (See II	iisa ucaons)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	PLEDG	ED CONTRIBUTIONS			SCHEDULE B
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule B:
2	FILER NAME	Bernadette Nutall		3 ACCOUNT # (Eti	hics Commission Filers)
4	TOTA	AL OF UNITEMIZED PLEDGES:	$\Rightarrow \Rightarrow \Rightarrow$	$\Rightarrow \Rightarrow$	\$
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
40	Principal occur	pation / Job title (See Instructions)	11 Employer (See Ir		f Texas, complete Schedule T)
10	T Tincipal occup	Saudi 7 300 title (Gee maractions)	TT Employer (GGG II	Total dollorio	
	Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
				(If travel outside o	f Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
	Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
	Principal occup	pation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
	Date	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
	If co	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru	병 다양 회사에 가지하다 가장 없었다면 하는 그리고 있다.		requirements.

P.O. Box 12070

LOANS			SCHEDULE E
The	e Instruction Guide explains how to comp	lete this form.	Total pages Schedule E:
2 FILER NAME	Bernadette Nutall	3	ACCOUNT # (Ethics Commission Filers)
4 TOT/	AL OF UNITEMIZED LOANS:	\$\display  \display  \din  \din  \din  \display  \display  \display	\$
5 Date of loan	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	10 Interest rate
Y N			11 Maturity date
12 Principal occupat	tion / Job title (See Instructions)	13 Employer (See Instructions)	1
14 Description of Co	llateral	15 Check if personal funds were d	leposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupa	tion (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; 2	Zip Code	Interest rate
Y N			Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	1
Description of Coll	lateral	Check if personal funds were de	eposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupa	tion (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEED uction guide for additional repor	

### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense  EXPENDITURE CATEGORIES Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor Lo ising Expense Tr Co crict	van Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	Bernadette Nutall		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
2-15-12 6 Amount (\$)	Legacy of Service Four 7 Payee address; City; State; Zip Code	ndation	
O Amount (φ)	7 rayee address, City, State, Zip Code		
215.00			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Even+ Expense	Lunch	eon/Ad
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	Bernadette Nutall		Board Trustee
Date	Payee name		
3-14-12	Raven		
Amount (\$)	Payee address; City; State; Zip Code		
1/1/1/1/1/1	7127 Larkin Drive		
1000.00			
	Dallas, Texas 75229		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting	Develor	Campaign
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O	_	Office sought	Board Trustee
	Bernadette Nutall		Bourd Trustee
Date	Payee name		
3-26-12	Dallas Design Ugench	1	
Amount (\$)	Dallas Design Agencu Payee address; City, State; Zip Code	)	
2,039.16	8510 Sikorski Lane		
2,001.10	Dallas, Texas 75228		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing	Signs	
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Bernadette Nutali		Board Trustee
Date	Payee name		
2-8-12	U.S. Post Office		
Amount (\$)	Payee address; City; State; Zip Code		
zanount ( $\phi$ )	Juanita Craft		
74.00	the state of the s	0.0	
1-1.00	Dallas, Texas 75215-99	98	
PURPOSE	Category (See categories listed at the top of this schedule)	W. S.	ravel outside of Texas, complete Schedule T)
OF	ERRC	000	<b>v</b>
EXPENDITURE	Fees	ho Ro	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	Bernadette Nutall		Board Trustee
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

	<b>EXPENDITURE CATEGORIES</b>	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		
Accounting/Banking	Legal Services Solicitation/Fundra	· · · · · · · · · · · · · · · · · · ·	
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By	
Event Expense Fees	Polling Expense Travel Out Of Dist		
1 663	Printing Expense Office Overhead/R  The Instruction Guide explains how to		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
2	Bernadette Nutall	2	
4 Date	5 Payee name		
3-26-12	Dallas Design Ogeno 7 Payee address; City; State; Zip Code	.4	
6 Amount (\$)		J	
121 05	8510 Sikorski Lane		
436.05	Dallas, Texas 75228		
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	Printing Expense	Vote by Mail	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate /- Officeholder name	Office sought Office held	
onponditure to beliefft G/C	Bernadette Nutall	Board Trustee	
Date	Payee name	-1-1	
3-16-12	Texas Democratic Pa	arty	
Amount (\$)	Payee address; City; State; Zip Code		
20000	505 West 12th, Suite	e 200	
200.00	Austin, Texas		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fees	Voter File Access	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	Bernadette Nutall	Board Trustee	
Date	Payee name	11 11 11	
2-26-12	Raven		
Amount (\$)	Payee address; City; State; Zip Code		
1000	7127 Larkin Drive	_ 6	
1000.00		Z	
DIIDDOSE	Dollos, Texas 75221  Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF			
EXPENDITURE	Consulting	Develop campaign	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
	BETTIQUETTE NUTYT	Board Trustee	
Date	Payee name		
4-2	U.S. Post Office	A	
Amount (\$)	Payee address; City; State; Zip Code		
135.00	Juanita Craft	0-04	
100.00	Dallas, Texas 75215-	4948	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing	Stamps	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name  DH Recorde LL Null	Office sought Office held	
,	Dellingelle ladidit	Board Trustee	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Bernadette Nutall 4 Date 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended (a) Category (See categories listed at the top of this schedule) 8 **PURPOSE** (b) Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** 

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Legal Services Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Bernadette Nutall 4 Date 5 Business name 6 Amount (\$) 7 Business address; City; State; Zip Code **PURPOSE** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business 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** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) City; State; Zip Code Business address: **PURPOSE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address: City: State: Zip Code Category (See categories listed at the top of this schedule) PURPOSE Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

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.

		Entrope to the control of the contro		
1 Total pages Schedule I:	Bernadette Nutall	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name			
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			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

## SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:
2 FILER NAME	Bernadette Nutall	3 ACCOUNT # (Etl	hics 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; Zip 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; Zip 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; Zip 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; Zip Code		
	Purpose for which amount is received		_
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Bernadette Nutall Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H PAC-E Schedule N COH-UC COH-T PAC-C 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 Schedule D Schedule F Schedule G Schedule H PAC-E Schedule N COH-UC PAC-C COH-T Name of person(s) traveling Dates of travel 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 Schedule D Schedule F Schedule G Schedule H PAC-E Schedule N COH-UC PAC-C Name of person(s) traveling Dates of travel 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) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED