# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

Ti- COU in-fraction C	uide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G			
3 CANDIDATE / OFFICEHOLDER NAME	MS. Bernadette  NICKNAME LAST	SUFFIX	OFFICE USE ONLY  Date Received
	Nutall		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: 2922 Coteau Way Dallas, Texas 75227	STATE: ZIP CODE	Date Hand-delivered or Postmarked  Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 381-7198	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS. Lavida NICKNAME LAST  Samuel	R. suffix	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NO PO BOX PLEASE); APT/SUITE#; 3311 Elm Street, Sil Dallas, Texas 7522		ZIP CODE
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 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month: Day Year THROUGH	_	y Year / 2012
11 ELECTION	ELECTION DATE Selection TYPE  Month Day Year Primary  Primary	Runoff	General Special
12 OFFICE	School Board Trustee	13 OFFICE SOUGHT (If kn	own)
	GOTOPA	AGE 2	

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

		The state of the s	
14 C/OH NAME Berna	dette	Nutall	OUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S O ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECE	R OFFICEHOLDER'S KNOWLEDGE OR
	GENERAL SPECIFIC	COMMITTEE NAME  N A  COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
20ditorial pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 8
	2. TOTAL	L POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 167.49
	4. TOTA	L POLITICAL EXPENDITURES	\$ 167.49
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 718. 44
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE DAY OF THE REPORTING PERIOD	\$ \$
18 AFFIDAVIT	GINA CASTILLO Notary Public, State of Texas Jomm. Exp. 12-04-1	I swear, or affirm, under penalty of perjuing is true and correct and includes all information me under Title 15, Election Code.  Borndtto U Signature of Candidate	nation required to be reported by
Sworn to and su	abscribed before ay of IANU	DO GINA CASTILLO	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

Tì	ne Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule A:
FILER NAIV			3 ACCOUNT # (Et	hics Commission Filers)
204	nadette W. Nutall			
Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of	8 In-kind contribution
	*11 *		contribution (\$)	description (if applicable
	6 Contributor address; City; State; Zip Code			
	6 Contributor address; City: State; Zip Code		•	
		A STATE OF THE STA		A TOTAL CONTROL TO
		10 Employer (See I		of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	16 Employer (See 1	nstructions/	
Date	Full name of contributor  ul-of-state PAC (ID#_	)	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable
	City State 7in Code			
	Contributor address; City; State; Zip Code			
				1
			August 1111 1111 1111 1111 1111 1111 1111 1	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See I	Instructions)	
		<u> </u>	Amount of	In-kind contribution
Date	Full name of contributor		contribution (\$)	description (if applicable
			İ	I
	Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	na managaran managar	
	Contributor address; City; State; Zip Code		(If travel outside	tof Texas, complete Schedule T
Principal o	Contributor address; City; State; Zip Code	Employer (See		of Texas, complete Schedule T
Principal o			Instructions)	
Principal o		Employer (See	Instructions)  Amount of	In-kind contribution description (if applicab
	ccupation / Job title (See Instructions)	Employer (See	Instructions)	In-kind contribution
	ccupation / Job title (See Instructions)	Employer (See	Instructions)  Amount of	In-kind contribution
	Coupation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	Employer (See	Instructions)  Amount of	In-kind contribution
	Coupation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicab
Date	Full name of contributor out-of-state PAC(ID#:  Contributor address; City; State: Zip Cod	Employer (See	Amount of contribution (\$)	In-kind contribution
Date	Coupation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicab
Date Principal c	Coupation / Job title (See Instructions)  Full name of contributor out-of-state PAC(ID#:  Contributor address; City; State: Zip Cod-	Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicab
Date	Full name of contributor out-of-state PAC(ID#:  Contributor address; City; State: Zip Cod	Employer (See	Amount of contribution (\$)  (If travel outside Instructions)	In-kind contribution description (if applicab
Date Principal c	Coupation / Job title (See Instructions)  Full name of contributor	Employer (See	Amount of contribution (\$)  (If travel outside instructions)	In-kind contribution description (if applicab
Date Principal c	Coupation / Job title (See Instructions)  Full name of contributor out-of-state PAC(ID#:  Contributor address; City; State: Zip Cod-	Employer (See	Amount of contribution (\$)  (If travel outside instructions)	In-kind contribution description (if applicab
Date Principal c	Coupation / Job title (See Instructions)  Full name of contributor	Employer (See	Amount of contribution (\$)  (If travel outside instructions)	In-kind contribution description (if applicab
Date Principal c	Coupation / Job title (See Instructions)  Full name of contributor	Employer (See	Amount of contribution (\$)  (If travel outside instructions)  Amount of contribution (\$)	In-kind contribution description (if applicab

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Bernadette W. Nutall \$10,000.00 TOTAL OF UNITEMIZED PLEDGES: 4 In-kind description Amount of Date 6 Full name of pledgor ut-of-state PAC (ID#:\_ pledge (\$) (if applicable) Educate Da 195 7 Pledgor address; City; State; Zip Code 1200 N. Pearl Street Ste. G-1200 \$10,000.00 Dallas, Texas 75201 (If travel outside of Texas, complete Schedule T) 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) In-kind description Amount of Full name of pledgor Date ut-of-state PAC (ID#:\_ (if applicable) pledge (\$) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind description Amount of Date Full name of pledgor out-of-state PAC (ID#: (if applicable) pledge (\$) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind description Amount of Date Full name of pledgor ut-of-state PAC (ID#: (if applicable) pledge (\$) City; State; Zip Code Pledgor address: (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind description Amount of Full name of pledgor out-of-state PAC (ID#; (if applicable) pledge (\$) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission

LOANS			enners.	SCHEDULE E
The I	nstruction Guide explains how to compl		Total pag	es Schedule E:
2 FILER NAME Bes	nadette Nutall	3	ACCOUN	T # (Ethics Commission Filers)
<b>\$</b>	OF UNITEMIZED LOANS:	) # <b>#</b> # #		\$
5 Date of loan	7 Name of lender  NA	out-of-state PAC (ID#:	)	§ Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;			10 Interest rate
Y N				11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	15 Check if personal funds were o	deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	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 (\$)
ls lender a financial	Lender address; City; State;	Lender address; City; State; Zip Code		Interest rate
Institution?				Maturity date
Principal occupat	jon / Job title (See Instructions)	Employer (See Instructions)		
Description of Col	lateral	Check if personal funds were	deposited	d into political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupa	tion (See Instructions)	Employer (See Instructions)		
lf le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE truction guide for additional rep		equirements.

EXPENDITURE CATEGORIES FOR BOX 8(a)

### POLITICAL EXPENDITURES

P.O. Box 12070

#### SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Control Solicitation/Fundraisin Travel in District Travel Out Of Distric Office Overhead/Ren explains how to co	ng Expense Tra Con t tal Expense OT	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 W.	Nutall		3 ACCOUNT # (Ethics Commission Filers)
4 Date 1-13-2012	Fastsians			
6 Amount (\$)	-	te; Zip Code		ou annoyee
167.49	7017 John W. Co	arpenter	Dallas	, Texas 75247
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Printing	of this schedule)	(b) Description (If to	avel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	V. Nutall	Office sought	Office held School Trustee
Date	Payee name	, , , , , , , , , , , , , , , , , , , ,		
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description (If	ravel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	?	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; S	tate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (II	ftravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C		3	Office sought	Office held
	ATTACH ADDITIONAL (	COPIES OF THIS	SCHEDULE AS N	EEDED

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Texas Ethics Commission

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	
1 Total pages Schedule G:	2 FILER NAME NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
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 this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)  Reimbursement from political contributions	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

#### Austin, Texas, 78711-2070

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

SCHEDULE H

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

(512) 463-5800

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

Payee address; City; State; Zip Code  Payee address; City; State; Zip Code  Payee name  Payee address; City; State; Zip Code	3 ACCOUNT # (Ethics Commission Filers  (b) Description (See instructions regarding type of information required.
Payee address; City; State; Zip Code  a) Category (See categories listed at the top of this schedule)  Payee name	(b) Description (See instructions regarding type of information required.
a) Category (See categories listed at the top of this schedule)  Payee name	(b) Description (See instructions regarding type of information required.
Payee name	(b) Description (See instructions regarding type of information required.
Payee address; City; State; Zip Code	
Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required
Payee name	
Payee address; City; State; Zip Code	
Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information require
Payee name	
Payee address; City; State; Zip Code	
Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information requi
	Payee name  Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Payee name  Payee address; City; State; Zip Code

INTEREST EARNED, OTHER CREDITS/GAINS/

REFUNDS, AND PURCHASE OF INVESTMENTS

## P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800

### SCHEDULE K

(TDD 1-800-735-2989)

FILER NAME	3	ACCOUNT # (Ethics Commission Filers	3)
Date '	5 Name of person from whom amount is received  NAM  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  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)	t
	Purpose for which amount is received	Amoun	ıf
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	(\$)	
	Purpose for which amount is received		<del></del>
Date	Name of person from whom amount is received	Amour (\$)	nt
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		

#### 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 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule F Schedule G Schedule D Schedule A Schedule B Schedule C PAC-E PAC-C Schedule N COH-UC COH-T Schedule H 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule F Schedule G Schedule C Schedule D Schedule A Schedule B PAC-E COH-T PAC-C Schedule H Schedule N COH-UC 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 F Schedule G Schedule B Schedule C Schedule D Schedule A PAC-E PAC-C Schedule H Schedule N COH-UC COH-T Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission	on P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	NT: APPOINTMEN			FORM ACTA PG 1
1 CANDIDATE NAME Berna	lette W. Nuta	2 ACCOUNT	#	3 Total pages filed:
Use this form	See ACTA Instr for changes to existing info	uction Guide for detailed rmation <i>only</i> . Do not pro		viously disclosed.
4 CANDIDATE NAME	NEW MS/MRS/MR FIR	37	WI	OFFICE USE ONLY
	NICKNAME LAS		SUFFIX Date Re	oceived I
5 CANDIDATE MAILING ADDRESS	NEW ADDRESS / PO BOX; APT	7 SUITE#; CITY; STAT		and-delivered or Postmarked
6 CANDIDATE PHONE	NEW AREA CODE PHO	ONE NUMBER EXTE	Oate Pr NSION Date In	ocessed Table 17.
7 OFFICE HELD (if any)	NEW		Samuranos	MANAGERIAN AND THE PROPERTY OF A SECURITY AND A SEC
8 OFFICE SOUGHT (frknown)	NEW			
9 CAMPAIGN TREASURER NAME	MS. L	avida R. Sa	MUEL LAST	SUFFIX
10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	3311 Elm	Street, Suzza 75221	rite 106	DDE
11 CAMPAIGN TREASURER PHONE		3H-7652	ENSION	
12 CANDIDATE SIGNATURE	I am aware of my res the Election Code.	potism Law, Chapter sponsibility to file time strictions in title 15 of t d labor organizations.	ely reports as requ	ired by title 15 of
	Bernadette 1	Tutall of Candidate		3 - 20 12 ate Signed
		GO TO PAGE 2		