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/	MS/MRS/MR FIRST MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	MRS. BERNADETTE W.	Date Received			
	NICKNAME LAST SUFFIX				
	NUTALL	and the second			
4 OANDIDATE/					
4 CANDIDATE / OFFICEHOLDER		2			
MAILING ADDRESS		Date Hand-delivered or Postmarked			
change of address	DALLASITY 75221	Receipt # Amount			
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	<u> </u>			
OFFICEHOLDER PHONE	(214) 381-7198	Date Processed			
6 CAMPAIGN	MS/MRS/MR FIRST MI	Date Imaged			
TREASURER NAME	MS. SHELLA A.				
	NICKNAME HARRIS SUFFIX	· Extracting segmentation in the contract of t			
7 CAMPAIGN	11.11.10	310.000			
TREASURER		T 4A			
ADDRESS (residence or business)		11 -[11			
	MCHARDSON, TX 75080				
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION				
PHONE	(214) 537-9447				
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer			
	July 15 8th day before election Exceeded \$500 limit	appointment (officeholder only) Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day	Year			
	1/14/2011 7/15	/2011			
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Primary Runoff	General Special			
	12/0/01 5	Ocheral Special			
12 OFFICE	SCHOOL BOARD TRUSTED 13 OFFICE SOUGHT (IF KNOW	n)			
	SCHOOL BURFO (ICUSICE				
14 NOTICE OF DIRECT	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT TH				
CAMPAIGN	CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICAT	TION OF THE DIRECT CAMPAIGN EXPENDITURE.			
EXPENDITURE BY OTHER	Name				
INDIVIDUALS					
	Address / PO Box; Apt. / Suite #, City; State; Zip Code				
additional pages		"			
Section Pages					
	GO TO PAGE 2				
L					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16	ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLED CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE(\$ &		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,200.00		
EXPENDITURE TOTALS	3. TOTAL F	ED \$ Ø			
	4. TOTAL POLITICAL EXPENDITURES \$ 3,7				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL F	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	4E \$ \$		
19 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. Scate of Texas Comm. Exp. 12-04-14 Signature of Candidate or Officeholder					
	Sworn to and subscribed before me, by the said BERNADETTE NUTALL this the				
	of JULY		1 (531)(5)		
Tsina Ca	stillo	GINA CASTILLO M	JOTARY PUBLIC		
Signature of officer admi	nistering 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 Sch	nedule A:
2	FILER NAME	Bernadette Nuta	.11	3 ACCOUNT # (E	Ethics Commission Filers)
4	Date	Full name of contributor out-of-state PAC(ID#: 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
				(If travel outside	l of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See		,
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
				(If travel outside of	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		,
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		The state of the s
	Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occup	eation / 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		 (If travel outside o	f Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See I		
		ATTACH ADDITIONAL COPIES O	E THIS SCHEDUL E	AS NEEDED	

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

P.O. Box 12070

PLEDGED CONTRIBUTIONS		SCHEDULE B	
The Instruction Guide explains how to complete t	his form.	1 Total pages Sche	edule B:
Bernadette Nuto	211	3 ACCOUNT # (Eti	hics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES: ⇔		⇔⇔	\$
ΝΙΔ		pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)	11 Employer (See II		, , , , , , , , , , , , , , , , , , ,
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 occupation / Job title (See Instructions)	Employer (See In		
Date Full name of pledgor □ out-of-state PAC(ID#		Amount of pledge (\$)	In-kind description (if applicable)
District and the first form			Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ir	istructions)	
Date Full name of pledgor □ out-of-state PAC(ID#:_ Pledgor address; City; State; Zip Cod		Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In		
Date Full name of pledgor □ out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable) Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	All productions and the second	Table Confeder ()
ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED	

P.O. Box 12070

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pag	es Schedule E:
2 FILER NAME	Bernadette Ni	utall	3 ACCOUN	T # (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS:	⇒	>	\$
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	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	lateral	15 Check if personal funds were	deposited in	nto political account
none	17 Name of guarantor		1	O Amount Cupred (a)
INFORMATION	Triano organization		1	9 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 (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N	ä			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were de	eposited in	to political account
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	• • • •	,
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	S OF THIS SCHEDULE AS NEED uction guide for additional repo	ED rting requi	irements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

		The state of the s		
	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	1750 AND 28	an Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundrai		ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		entributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Distr	rict	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense O	THER (enter a category not listed above)
	The Instruction Guide	explains how to o		
1 Total pages Schedule F:	2 EILED NAME	1		
i verm pages somedator.	120000	idette	X lu Lall	3 ACCOUNT # (Ethics Commission Filers)
	Della	ULTIC	MUTUI	
4 Date	5 Payee name			
	NIA			
C 0	7.7			
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
				T T
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (Ift	ravel outside of Texas, complete Schedule T)
OF			(a) Decemption (in	aver outside or rexas, complete scriedule 1)
EXPENDITURE				
	Candidate / Office to the		12020	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C	in .			
5.1				
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
/ unount (4)	l dyce address, City, Sta	ite, Zip Code		
	φ			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
OF		5		are satisfied of roxas, complete conedule 1)
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name		060	
expenditure to benefit C/O			Office sought	Office held
experientare to belief 6/6				
Date	Payee name			
Date	1 ayes hame			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
	, , , , , , , , , , , , , , , , , , ,	to, Lip oodo		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If to	avel outside of Texas, complete Schedule T)
OF				422 780 0-011 FEBRUARIO 1805 1805 1805 1805 1805 1805 1805 1805
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O			Omeo dought	Office field

Date	Payee name			
	3			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
504-5036				
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF				00 +0 202 VI
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C			554gm	Office field
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	ontract Labor alsing Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Cotten (enter a category not listed above)
1 Total pages Schedule G:	Bernadette Nuto	2 ACCOUNT # (FILL O
4 Date	5 Payee name	·
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
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 (\$)	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)
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)
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	CHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

(512) 463-5800

_								
		EXPENDITURE	CATEGORIES	FOR BOX 8(a)	1		-	
	Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement							
	Accounting/Banking	Legal Services	Solicitation/Fundr			portation Equipment & F		22
	Consulting Expense	Food/Beverage Expense Travel In District		1976 E		ibutions/Donations Made		Se
	Event Expense	Polling Expense	Travel Out Of Dis		Са	andidate/Officeholder/Po	olitical Commit	ttee
	Fees	Printing Expense	Office Overhead/					
		The Instruction Guide explains how to complete this form.					į.	
1	Total pages Schedule H:	2 FILER NAME		2		3 ACCOUNT # (Ethics	Commission E	111
_		Bernadett	= Nu.	tall	1	3 ACCOUNT # (Ethics	Commission F	ilers
4	Date	5 Business name			-			
		NIA						
6	Amount (\$)	7 Business address; City; St	tate; Zip Code					
		Total company and a company of the company and a company a	a.c. = p =					
		*						
_	DUDDOGE	(-) C-1 (C1		Taxa			A117 AX 2000	
8	PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel	outside of Texas, complete S	Schedule T)	
	EXPENDITURE							
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	Complete ONLY if direct	Candidate / Officeholder name	ı	Office sough	nt	Offic	ce held	
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	Amount (\$)	Business address; City; Sta	ate; Zip Code			- r		
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	OF	Category (See Categories listed at the top	of this schedule)	Description	(If travel	I outside of Texas, complete S	3chedule T)	
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	Complete ONLY if direct	Candidate / Officeholder name	l .	Office sought	ıt	Offic	ce held	
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,	Amount (\$)	Business address; City; Sta	ate; Zip Code					
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	OF	04.04017 (000 04.0401.000 4.1.1.0 10)) Of this surrouncy	Describitor	(II traver	l outside of Texas, complete S	ichedule T)	
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	expenditure to benefit C/OI	н						
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	expenditure to benefit C/OI	н					20022500 4000-0000	
-								
		ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS !	NEED	ED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

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

Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
		S		
1 Total pages Schedule I:	Bernadette Nut	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name NA			
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 SO	CHEDULE 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		3 ACCOUNT # (Eti	thics Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; State; Zip Code			
	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 EXPENI FOR TRAVEL OUTSIDE OF TEXAS	DITURE SCHEDULE T				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:				
2 FILER NAME BERNadette Nutall	3 ACCOUNT # (Ethics Commission Filers)				
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported on:					
Schedule A Schedule B Schedule C Schedul Schedule H Schedule N COH-UC COH-T	e D Schedule F Schedule G				
6 Dates of travel 7 Name of person(s) traveling	TACC TO THE TACCE				
8 Departure city or name of departure location					
9 Destination city or name of destination location	2.5				
10 Means of transportation 11 Purpose of travel (including name of conference, s	eminar, 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 Schedule N COH-UC COH-T	PAC-C PAC-E				
Dates of travel Name of person(s) traveling	4				
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, sen	ninar, 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 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, sen	ninar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED				