

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Bernadette W NICKNAME LAST SUFFIX Nutall	OFFICE USE ONLY Date Received 2010 JAN 15 AM 9:26 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2922 Coteau Way Dallas, Texas 75227		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 385-7198		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Shelia A NICKNAME LAST SUFFIX Harris		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 336 Melrose Drive Unit 4A Richardson, Texas 75080		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 537-9447		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 11 / 30 / 09 1 / 15 / 2010		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) School Board Trustee	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name N/A Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME**

Bernadette Nutall

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 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☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME**

N/A

COMMITTEE ADDRESS**COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

Ø

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

4,200.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

Ø

4. TOTAL POLITICAL EXPENDITURES

\$

3,704.66

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

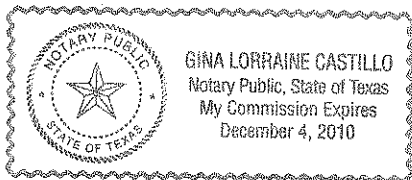
425.34

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

Ø

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.

Bernadette Nutall

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BERNADETTE NUTALL, this the 15TH day of JANUARY, 20 10, to certify which, witness my hand and seal of office.

Gina Castillo

Signature of officer administering oath

GINA CASTILLO

Printed name of officer administering oath

BOARD SPECIALIST

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 Schedule A:

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/2

5 Full name of contributor

☐ out-of-state PAC (ID#)

Beatrice Martinez

6 Contributor address; City; State; Zip Code

7007 Arboreal Drive
Dallas, Texas 75231

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Realtor

10 Employer (See Instructions)

Date

12/9

Full name of contributor

☐ out-of-state PAC (ID#)

Dr. Gwendolyn Clark

Contributor address; City; State; Zip Code

7215 Morton Street
Dallas, Texas 75209

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9

Full name of contributor

☐ out-of-state PAC (ID#)

Joe L. Atkins

Contributor address; City; State; Zip Code

10806 Wallbrook Drive
Dallas, Texas 75238

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9

Full name of contributor

☐ out-of-state PAC (ID#)

Brenda Louise Jackson

Contributor address; City; State; Zip Code

5539 McCommas
Dallas, Texas 75206

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/8

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Milligan

Contributor address; City; State; Zip Code

7466 FM 2451
Scurry, Tx 75158

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/8

5 Full name of contributor

Kim Walltz

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

2403 Sheliah
Balch Springs, TX 75180

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/8

Full name of contributor

Martin Burrell

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Post Office Box 764516
Dallas, Texas 75376

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/8

Full name of contributor

Loretta Davis

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

7025 Aspen Creek Lane
Dallas, TX 75252

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15

Full name of contributor

LineBarger Goggan Blair

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$1,000

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2323 Bryan Street
Dallas, Texas 75201

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

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

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

12/1

Magma Manufacturing

6 Payee address; City: State: Zip Code

\$200.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign T-Shirts

(If travel outside of Texas, complete Schedule T)

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

12/4

Charles Hill

Payee address; City: State: Zip Code

1627 Acapulco Drive
Dallas, Texas 75232

\$97.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

12/4

Cynthia Riley

Payee address; City: State: Zip Code

5959 Watership Lane
Dallas, Texas 75237

\$262.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

12/4

Vernita Wilson

Payee address; City: State: Zip Code

4035 Shady Hollow Lane
Dallas, TX 75223

\$169.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/14

5 Payee name

Booker Industries

7 Amount (\$)

73.00

6 Payee address; City: State: Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

Phone List

(If travel outside of Texas, complete Schedule T)

9

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

11/30

Payee name

Ruby Henry

Amount (\$)

\$145.00

Payee address; City: State: Zip Code

7315 Dangerfield Dr
Dallas, TX 75227

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

11/30

Payee name

Bliss Verduzco

Amount (\$)

\$145.00

Payee address; City: State: Zip Code

7315 Dangerfield Dr
Dallas, TX 75227

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

11/30

Payee name

Kelly Canyon

Amount (\$)

\$145.00

Payee address; City: State: Zip Code

653 Jamille Dr.
De Soto, TX 75115

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/5

5 Payee name
Randy Scott

7 Amount (\$)
\$145.00

6 Payee address; City: State: Zip Code
7272 Marvin D. Love
Dallas, TX 75237

8 Purpose of payment (See instructions regarding type of information required.)
Contract Labor
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
12/5

Payee name
Niyeshah Green
Payee address; City: State: Zip Code
5959 Watership Lane
Dallas, TX 75237

Amount (\$)
\$145.00

Purpose of payment (See instructions regarding type of information required.)
Contract Labor
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
12/8

Payee name
Oak Cliff Donuts
Payee address; City: State: Zip Code

Amount (\$)
\$33.00

Purpose of payment (See instructions regarding type of information required.)
Food
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
12/8

Payee name
Henderson Chicken
Payee address; City: State: Zip Code

Amount (\$)
\$154.50

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME **Bernadette Nutall**

3 ACCOUNT # (Ethics Commission filers)

4 Date 12/5	5 Payee name Minyard Food Stores	7 Amount (\$) \$46.67
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date 12/8	Payee name Alvin Ervin	Amount (\$) \$100.00
Payee address; City; State; Zip Code 10109 Hymie Circle Dallas, TX 75217		

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date 12/1	Payee name Fed Ex Kinkos	Amount (\$) \$2,014.49
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED