

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

Bernadette

W

NICKNAME

LAST

SUFFIX

Nuttall

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2922 Coteau Way
Dallas, Texas 75227☐ Change of Address5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

381-7198

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Shelia

Ann

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 Dr. Unit 4A Richardson, Texas
750808 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

537-9447

9 REPORT TYPE

☐

January 15

☐

30th day before election

☒

Runoff

☐15th day after campaign treasurer
appointment (officeholder only)☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

10 / 22 / 09

THROUGH

Month

Day

Year

11 / 30 / 2009

11 ELECTION

ELECTION DATE

Month

Day

Year

12 / 8 / 2009

ELECTION TYPE

☐

Primary

☒

Runoff

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

School Board Trustee

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

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ 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)

☐ additional pages

COMMITTEE TYPE

☐ GENERAL

☒ SPECIFIC

COMMITTEE NAME
Alliance of Dallas Educators United Teachers Political Action Committee

COMMITTEE ADDRESS
334 Centre Street
Dallas, Texas 75208

COMMITTEE CAMPAIGN TREASURER NAME
Patricia Jones

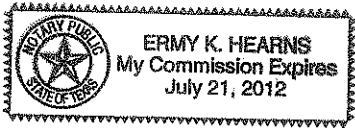
COMMITTEE CAMPAIGN TREASURER ADDRESS
334 Centre Street
Dallas, Texas 75208

** 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. **

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8,379.66</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,533.04</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,846.62</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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 30th day of November, 20 09, to certify which, witness my hand and seal of office.

ERM K. HEARNS ERM K. HEARNS Notary
Signature of officer administering oath 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 Schedule A.

4

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

11/20

Grass Root Strategies

6 Contributor address; City; State; Zip Code

2531 MLK Jr. Blvd.
Dallas, Texas 75215

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Consultant

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/20

Lucious Williams

Contributor address; City; State; Zip Code

1421 Covington Dr
DeSoto, Texas 75115

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Civic Volunteer

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/20

Hollis or Minnie Brashear

Contributor address; City; State; Zip Code

1424 W Red Bird Lane
Dallas, Texas 75232

150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Civic Volunteer

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/18

Leonard Stovall

Contributor address; City; State; Zip Code

7120 Indian Ridge Trail
Dallas, Texas 75232

50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Civic Volunteer

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/17

Melvin D. Traylor

Contributor address; City; State; Zip Code

2945 King Cole Circle
Dallas, TX 75216

50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Civic Volunteer

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.

4

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/12

Brenda Fields

6 Contributor address; City; State; Zip Code

7716 Kaywood
Dallas, Texas 75209

\$50.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Civic Volunteer

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/12

Don + Ellen Williams

Contributor address; City; State; Zip Code

4715 Wildwood Road
Dallas, Texas 75209

\$1,000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Civic Volunteer

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/13

John Proctor

Contributor address; City; State; Zip Code

1526 Oak Meadows Drive
Dallas, Texas 75232

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Civic Volunteer

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/13

Christine Parks

Contributor address; City; State; Zip Code

P.O. Box 765129
Dallas, Texas 75376

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Civic Volunteer

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/10

Robert + Charmaine Price

Contributor address; City; State; Zip Code

5206 Woodsboro Lane
Dallas, Texas 75241

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired Educators

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

4

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/22

Roland Parrish

6 Contributor address; City; State; Zip Code

1256 Regents Park Court
Desoto, Texas 75115

1,000

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Business owner

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/18

Eugene W. Davis

Contributor address; City; State; Zip Code

\$1,000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Civic Volunteer

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/19

Alfred Herron

Contributor address; City; State; Zip Code

1221 Bar Harbor
Dallas, Texas 75232

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/18

Vonciel Hill + Rev. E.L. Wright

Contributor address; City; State; Zip Code

P.O. Box 764856
Dallas, TX 75376

\$1,000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

City Councilwoman

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/5

Barry Henry

Contributor address; City; State; Zip Code

1717 Arts Plaza
Dallas, Texas 75201

\$150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Realtor

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

4

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission fees)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/23

John Wiley Price

6 Contributor address: City: State: Zip Code

510 E. Fifth Street
Dallas, Texas 75203

1,705.89
Media Services

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

County Comm

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/24

De Metris Sampson

Contributor address: City: State: Zip Code

P.O. Box 225Z
Dallas, Texas 75221

450.00
Message Distribution

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/20

Edith M. Lycke

Contributor address: City: State: Zip Code

4730 Melissa Lane
Dallas, Texas 75229

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Civic Volunteer

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/25

Dr. Rosie Sorrells

Contributor address: City: State: Zip Code

5506 Glen Forest Lane
Dallas, Texas 75241

\$100.00

(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.

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/22

5 Business name

ALP Printing

6 Business address; City; State; Zip Code

4650 S. Hampton #97
Dallas, Texas 75232

7 Amount (\$)

1,331.00

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

Printing of Material

(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

11/17

Business name

Campaign Systems, Inc.

Business address; City; State; Zip Code

300 Sewell Court
Irving, Texas 75038

Amount (\$)

579.16

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

Data Files

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name

Office sought

Office held

Date

11/23

Business name

Elite News

Business address; City; State; Zip Code

1911 E. Ledbetter Drive
Dallas, Texas 75216

Amount (\$)

484.88

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

Newspaper Ad

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name

Office sought

Office held

Date

11/19

Business name

USPS

Business address; City; State; Zip Code

Dallas, TX 75206-3928

Amount (\$)

1,188.00

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

Postage

(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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/19

5 Business name

Versa Printing

7 Amount (\$)

550.00

6 Business address: City: State: Zip Code

2631 Brenner
Dallas, TX 75220

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

Printing

(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

11/23

Business name

Magma Manufacturing

Amount (\$)

\$ 400.00

Business address: City: State: Zip Code

8415 Glen Regal Drive
Dallas, Texas 75243

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

Campaign T-Shirts

(If travel outside of Texas, complete Schedule T)

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

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

PLEGGED 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# _____)

8 Amount of
pledge (\$)

9 In-kind description
(if applicable)

N/A

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID# _____)

N/A

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

Y N

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Y N

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name N/A	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

☐ Reimbursement from political contributions intended

☐ Reimbursement from political contributions intended

☐ Reimbursement from political contributions intended

☐ Reimbursement from political contributions intended

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

1

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

N/A

8 Amount
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name <u>N/A</u>	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME

Bernadette Nutall

3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

N/A

5 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

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
 ☐ 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, 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
 ☐ 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, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED