Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY
Date Received HAND
APR - 8 2010
DELIVERED
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR FIRST MI
NANCY
NICKNAME LAST SUFFIX
BERRY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
202 LAMPWICK CIRCLE
COLLEGE STATION, TX 77840

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(979) 846-4654

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
ARVIND
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
8607 ROSEWOOD DR.
CS, TX 77840

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(979) 696-8987

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 THROUGH Month Day Year
3 / 1 / 10 THROUGH 4 / 8 / 10

11 ELECTION
ELECTION DATE
Month Day Year
5 / 8 / 10
ELECTION TYPE
☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
MAYOR

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: NANCY BERRY

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

HAND

APR - 8 2010

COMMITTEE ADDRESS

DELIVERED

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	$ 1624.80
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 6224.80
3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 3737.50
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2487.30
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT

CELIA HERNANDEZ
Notary Public, State of Texas
My Commission Expires
March 30, 2012

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.

Nancy F Berry
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nancy Berry, this the 8th day of April, 20 10, to certify which, witness my hand and seal of office.

Celia Hernandez	Celia Hernandez	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:

2 FILER NAME: NANCY BERRY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 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)
3/24/10	JONATHAN & MICHAL BERRY 243 S. FORMOSA AVE. LOS ANGELES, CA 90036	500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): TV PRODUCER - YARI PRODUCTION

10 Employer (See Instructions):

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)
3/29/10	LEVI DOUGLAS N. EARL RUDDER FRWY. COLLEGE STATION, TX 77840	300.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): GEN. MANAGER DOUGLAS NISSAN

Employer (See Instructions):

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)
3/23/10	EMIL OGDEN P.O. BOX 10134 COLLEGE STATION, TX 77842	200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): OILMAN - CHAPPAREL

Employer (See Instructions):

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)
3/8/10	JEFFREY & LORI BERRY 46 BERWICK ROAD NEWTON CENTER, MA 02459	$500	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): COLLEGE PROFESSOR / HEALTH ADMIN.

Employer (See Instructions):

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)
4/5/10	MARILYN GULLEDGE 3301 MILDONHALL CT. COLLEGE STATION, TX 77845	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): massage therapist

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 NANCY BERRY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 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)
3/17/10	BARBARA & DONALD ZALE 26 STONECOURT DRIVE DALLAS, TX 75225	2000.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): RETIRED / CEO OF ZALES JEWELERY

10 Employer (See Instructions):

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)
4/5/10	MATTHEW BERRY 221 TRUMBULL ST #2505 HARTFORD, CT 06103	1000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): SR. DIRECTOR OF FANTASY SPORTS - ESPN

Employer (See Instructions):

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)

(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#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(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#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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POLITICAL EXPENDITURES

SCHEDULE F

NANCY BERRY

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/6/10	KS Marketing 1545 Sunflower Drive Sycamore, IL 60178	410.87

8 Purpose of payment (See instructions regarding type of information required.)
campaign stickers
(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 / Payee address; City; State; Zip Code	Amount ($)
4/8/10	Melissa Lewis Graphic Design 306 Landsburg Lane College Station, TX 77845	473.05

Purpose of payment (See instructions regarding type of information required.)
printing / push cards / rack cards
(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 / Payee address; City; State; Zip Code	Amount ($)
4/8/10	Fox Marketing and Design 3049 Chaco Canyon College Station, TX 77845	550.00

Purpose of payment (See instructions regarding type of information required.)
marketing and design work
(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 / Payee address; City; State; Zip Code	Amount ($)
3/23/10	Fast Signs 404 University Drive E. College Station, TX 77840	1267.82

Purpose of payment (See instructions regarding type of information required.)
yard signs
(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 NANCY BERRY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/31/10	Designer Graphics 12404 Hwy 155 South Tyler, TX 75703	$952.00

8 Purpose of payment (See instructions regarding type of information required.)
Signs & stakes
(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 / Payee address; City; State; Zip Code	Amount ($)

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

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

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME: NANCY BERRY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
4/5/10	5 Payee name: US Postal Service 6 Payee address: College Station, TX 77842 7 Purpose: stamps for mailout of fundraising letter	$ 66.00
4/5/10	Payee name: Walmart Payee address: 1815 Brothers Blvd. CS, TX 77845 Purpose: paper/envelopes for fundraising letter	$ 17.76
3/31/10	Payee name: Designer Graphics Payee address: 12404 Hwy 155 South Tyler, TX 75703 Purpose: signs and stakes VOID see form F	~~$ 512.00~~
	Payee name: Payee address; City; State; Zip Code: Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name: Payee address; City; State; Zip Code: Purpose of expenditure (See instructions regarding type of information required.)	

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