

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

—

12

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICHOLE

M.

NICKNAME

LAST

SUFFIX

BENTLEY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

138 WINDHAM CIRCLE
COPPELL, TX 75019

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

850-5217

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICHOLE

M.

NICKNAME

LAST

SUFFIX

BENTLEY

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

138 WINDHAM CIRCLE
COPPELL, TX 75019

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

850-5217

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 Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

1 / 17 / 2024

THROUGH

4 / 4 / 2024

11 ELECTION

ELECTION DATE

Month Day Year

5 / 4 / 2021

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

CISD, Place 6

13 OFFICE SOUGHT (if known)

CISD, Place 6

14 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME NICHOLE M. BENTLEY		20 Filer ID (Ethics Commission Filers) —
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1375.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 1200.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2313.20
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2492.16
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME NICHOLE M. BENTLEY		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COURTNEY J. ROGERS	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 739 MEADOWGLEN CIR. COPPELL, TX 75019		
8 Principal occupation / Job title (See Instructions) SAHM		9 Employer (See Instructions) N/A
Date 3/5/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID ECKBERG	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 10912 FIELDSTONE ST. DENTON, TX 76207		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 3/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIM MOBLEY	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 313 DUNLIN COPPELL, TX 75019		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SELF
Date 3/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JILLIAN JONES HILL	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 736 PARKWAY/BLVD. COPPELL, TX 75019		
Principal occupation / Job title (See Instructions) SENIOR CLINICIAN		Employer (See Instructions) CENTER FOR BRAIN HEALTH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME NICHOLE M. BENTLEY		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLLY FISHER	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 801 PARKWAY BLVD. COPPELL, TX 75019		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 3/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEROY WILKERSON	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 516 LAKE FOREST DR. COPPELL, TX 75019		
Principal occupation / Job title (See Instructions) INSURANCE SPECIALIST		Employer (See Instructions) SELF
Date 3/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIA AUBRIGHT	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 820 DEFOREST RD. COPPELL, TX 75019		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUAY BRATTON	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 139 MOORE RD. COPPELL, TX 75019		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) FARMER, FUQUA, & HUFF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME NICHOLE M. BENTLEY		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TONYA BOOTH	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 432 HALIFAX DR COPPELL, TX 75019		
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) BIZ BENEFITS
Date 3/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMANDA DAVIS	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 204 BEECHWOOD LN. COPPELL, TX 75019		
Principal occupation / Job title (See Instructions) INTERNAL REVENUE SPECIALIST		Employer (See Instructions) FDIC
Date 3/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAD SNYDER	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 324 WILLOW SPRINGS DR. COPPELL, TX 75019		
Principal occupation / Job title (See Instructions) EXECUTIVE IT SPECIALIST		Employer (See Instructions) IBM
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME NICHOLE M. BENTLEY		3 Filer ID (Ethics Commission Filers) —
4 TOTAL OF UNITEMIZED LOANS		\$ 1200.00
5 Date of loan 2/26/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) NICHOLE M. BENTLEY	9 Loan Amount (\$) 1200.00
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 138 WINDHAM CIR. COPPELL, TX 75019	10 Interest rate 0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) coach/consultant		13 Employer (See Instructions) self
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME NICHOLE M. BENTLEY	3 Filer ID (Ethics Commission Filers) -	
4 Date 3/11/24	5 Payee name PAY PAL		
6 Amount (\$) 33.15	7 Payee address; City; State; Zip Code 2211 N. 1ST ST. SAN JOSE CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description TRANSACTION FEES	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6
Date 3/12/2024	Payee name COSTCO		
Amount (\$) 21.63	Payee address; City; State; Zip Code 851 ST. HWY 121 B/P LEWISVILLE TX 75067		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description PAPER FOR MAILING	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6
Date 3/15/24	Payee name JESSICA BENNETT		
Amount (\$) 40.00	Payee address; City; State; Zip Code 327 BRICKWELL COPPELL TX 75019		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description GRAPHICS	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME NICHOLE M. BENTLEY	3 Filer ID (Ethics Commission Filers) -
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4 Date 3/16/23	5 Payee name OFFICE DEPOT
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6 Amount (\$) 77.93	7 Payee address; City; State; Zip Code 602 E. ROUND GROVE RD. LEWISVILLE TX 75067
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description TONER CARTRIDGE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6
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Date 3/16/23	Payee name OFFICE DEPOT
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Amount (\$) 284.65	Payee address; City; State; Zip Code 602 E. ROUND GROVE RD. LEWISVILLE TX 75067
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description TONER CARTRIDGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6
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Date 3/19/24	Payee name SUPER CHEAP SIGNS
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Amount (\$) 564.50	Payee address; City; State; Zip Code 9200 WATERFORD CENTER BLD. AUSTIN, TX 75019 STE 100
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SUPER SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME NICHOLE M. BENTLEY	3 Filer ID (Ethics Commission Filers) —	
4 Date 3/20/24	5 Payee name DESIGN A SHIRT		
6 Amount (\$) 486.95	7 Payee address; City; State; Zip Code 905 N. SCOTTSDALE RD. TEMPE AZ 85288		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description T-SHIRTS	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6
Date 3/21/24	Payee name GODADDY		
Amount (\$) 3.30	Payee address; City; State; Zip Code 2155 E. GODADDY WAY TEMPE AZ 85284		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description TRANSACTION FEES	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6
Date 3/25/24	Payee name GO DADDY		
Amount (\$) 3.19	Payee address; City; State; Zip Code 2155 E. GODADDY WAY TEMPE AZ 85284		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description WEBSITE HOSTING	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME NICHOLE M. BENTLEY	3 Filer ID (Ethics Commission Filers) -
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4 Date 3/29/24	5 Payee name USPS
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6 Amount (\$) 544.00	7 Payee address; 450 S. DENTON TAP RD	City; COPPELL	State; TX	Zip Code 75019
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description STAMPS FOR MAILING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6
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Date 3/30/24	Payee name OFFICE DEPOT
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Amount (\$) 230.57	Payee address; 602 E. ROUNDGROVE RD.	City; LEWISVILLE	State; TX	Zip Code 75067
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PUSH CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6
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Date 4/1/24	Payee name OFFICE DEPOT
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Amount (\$) 23.33	Payee address; 602 E. ROUNDGROVE RD.	City; LEWISVILLE	State; TX	Zip Code 75067
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description NAME TAGS STAMPS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME NICHOLE M. BENTLEY	3 Filer ID (Ethics Commission Filers) —	
4 Date 3/18/2024	5 Payee name SUPER CHEAP SIGNS		
6 Amount (\$) \$2408.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 9200 WATERFORD CENTER BLVD. AUSTIN TX 78758 STE 100		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description YARD SIGNS / BANNERS	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6
Date 3/12/24	Payee name AMAZON		
Amount (\$) 54.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 410 TERRY AVE N. SEATTLE WA 98109		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description ENVELOPES FOR MAILING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6
Date 3/12/24	Payee name AMAZON		
Amount (\$) 29.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 410 TERRY AVEN. SEATTLE WA 98019		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description ENVELOPES FOR MAILING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NICHOLE M. BENTLEY	Office sought CISD, PLACE 6	Office held CISD, PLACE 6

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED