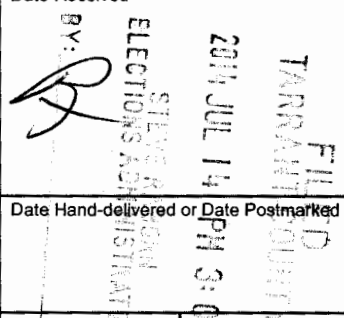


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers) 00064484	<b>2 PAGE #</b> 1 of 14
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Ms.                                      Barbara	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked Receipt #                      Amount Date Processed Date Imaged	
NICKNAME                      LAST                      SUFFIX Nash	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  <input type="checkbox"/> Change of Address		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI O. K.	NICKNAME                      LAST                      SUFFIX Carter	
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION		
<b>8 REPORT TYPE</b>	<input 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 checked="" 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)		
<b>9 PERIOD COVERED</b>	Month                      Day                      Year                      Month                      Day                      Year 01/13/2014                      THROUGH                      06/30/2014		
<b>10 ELECTION</b>	ELECTION DATE Month                      Day                      Year 03/04/2014	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> Justice of the Peace District 2	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Nash, Barbara (Ms.)

14 ACCOUNT # (Ethics Commission filers)  
00064484

### 15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

FILED  
TARRANT COUNTY  
2014 JUL 14 PM 3:05  
ELECTIONS ADMINISTRATION  
BY: .....

### 16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,365.39
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### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	556.00
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4. TOTAL POLITICAL EXPENDITURES	\$	36,828.53
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### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	13,746.67
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### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
---	----	------

### 17 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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.

*Barbara Nash*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Barbara Nash, this the 14 day of July, 20 14, to certify which, witness my hand and seal of office.

*Cameron Beall*  
Signature of officer administering oath

Cameron Beall  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 3/14	
2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00064484	
4 Date 01/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) (New), O. K. (Mr.) ..... 6 Contributor address; City; State; Zip Code 2401 Villa Vera Arlington, TX 76017	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bullington Upton, Cynthia (Ms.) ..... Contributor address; City; State; Zip Code 1012 Walnut Drive Arlington, TX 76012	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Galando, Amy (Ms.) ..... Contributor address; City; State; Zip Code 1107 South Bowen Arlington, TX 76016	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kautz, Roland Jr. (Mr.) ..... Contributor address; City; State; Zip Code 4107 South Bowen Road Suite 131 Arlington, TX 76016	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laird, Steven (Mr.) ..... Contributor address; City; State; Zip Code 7979 Chartwell Ln Ft. Worth, TX 76120	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Steven C. Laird, P.C.	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/14	
2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00064484	
4 Date 01/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maddox, Helen (Ms.)	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3412 Woodford Dr Arlington, TX 76013		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maddox, Helen (Ms.)	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3412 Woodford Dr Arlington, TX 76013		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Gary	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 91588 Arlington, TX 76015		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meek, J E (Mr.)	Amount of contribution (\$) \$290.39	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2705 Oak Trail Ct Dalworthington Gardens, TX 76016		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Petsche, Bonnie (Mrs.)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1516 River Crest CT Fort Worth, TX 76107		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 5/14	
2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00064484	
4 Date  02/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saucier, Barbara (Ms.)  6 Contributor address; City; State; Zip Code P.O. Box 1328 Arlington, TX 76004	7 Amount of contribution (\$)  \$125.00	8 In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smotherman, Thad (Mr.)  Contributor address; City; State; Zip Code 2300 Panorama Court Arlington, TX 76016	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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TARRANT COUNTY  
2014 JUL 14 PM 3:06  
STEVE KADDER  
ELECTIONS ADMINISTRATOR  
BY: \_\_\_\_\_

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/9 Report: 6/14	<b>2 FILER NAME</b> Nash, Barbara (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00064484
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<b>4 Date</b> 04/10/2014	<b>5 Payee name</b> AISD Education Foundation
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<b>6 Amount (\$)</b> \$108.00	<b>7 Payee address City; State; Zip Code</b> 1141 W. Pioneer Parkway Suite 103 Arlington, TX 76013
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Event Expense	<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Foundation Event
---------------------------------	--	---

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/11/2014	<b>Payee name</b> Arlington Life Shelter
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<b>Amount (\$)</b> \$200.00	<b>Payee address City; State; Zip Code</b> 325 W. Division Arlington, TX 76011
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Gifts/Awards/Memorials Expense	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Donation
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 03/07/2014	<b>Payee name</b> Art Etc.
---------------------------	-------------------------------

<b>Amount (\$)</b> \$175.00	<b>Payee address City; State; Zip Code</b> 135 Star Strut Herford, TX 79045
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Production of Handouts
-------------------------------	--	---

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/27/2014	<b>Payee name</b> Big Brothers Big Sisters
---------------------------	---

<b>Amount (\$)</b> \$100.00	<b>Payee address City; State; Zip Code</b> 205 W. Main Arlington, TX 76010
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Gifts/Awards/Memorials Expense	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Donation
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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 TARRANT COUNTY  
 2014 JUL 14 PM 5:05  
 STEVE HARBO  
 ELECTIONS ADMINISTRATION  
 RY:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/9 Report: 7/14		<b>2 FILER NAME</b> Nash, Barbara (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00064484	
<b>4 Date</b> 01/13/2014	<b>5 Payee name</b> Bird's Copies				
<b>6 Amount (\$)</b> \$259.20	<b>7 Payee address</b> City; State; Zip Code 208 S. East Street Arlington, TX 76010				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Printing Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Punch Card		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 03/03/2014	<b>Payee name</b> Charles Parker Campaign				
<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code 501 Crown Colony Arlington, TX 76006				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Gifts/Awards/Memorials Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Donation		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 03/25/2014	<b>Payee name</b> Chip Pierce Photography				
<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code 1608 Steinburg Ln. Fort Worth, TX 76134				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Accounting/Banking		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Photography		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 03/18/2014	<b>Payee name</b> Crow, David (Mr.)				
<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City; State; Zip Code 1106 Bryant Street Benbrook, TX 76126				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Signs		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | 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.

<b>1 PAGE #</b> Schedule: 3/9 Report: 8/14		<b>2 FILER NAME</b> Nash, Barbara (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00064484	
<b>4 Date</b> 05/05/2014		<b>5 Payee name</b> First Uniited Methodist Church			
<b>6 Amount (\$)</b> \$2,500.00		<b>7 Payee address</b> City; State; Zip Code 313 Center Street Arlington, TX 76010			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 02/05/2014		<b>Payee name</b> Mesa Media			
<b>Amount (\$)</b> \$1,248.75		<b>Payee address</b> City; State; Zip Code P.O. Box 30911 Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/12/2014		<b>Payee name</b> Mesa Media			
<b>Amount (\$)</b> \$16,953.39		<b>Payee address</b> City; State; Zip Code P.O. Box 30911 Austin, TX 78703			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signs	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 02/09/2014		<b>Payee name</b> Midtown Printing			
<b>Amount (\$)</b> \$4,748.05		<b>Payee address</b> City; State; Zip Code 7720 University Ave. Lubbock, TX 79423			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Punch Card	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:

FILED  
 TARRANT COUNTY  
 2014 JUN 14 PM 3:06  
 CLERK'S OFFICE  
 COUNTY CLERK



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 4/9 Report: 9/14	<b>2</b> FILER NAME Nash, Barbara (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00064484
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<b>4</b> Date 02/28/2014	<b>5</b> Payee name Midtown Printing
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<b>6</b> Amount (\$) \$4,113.58	<b>7</b> Payee address City; State; Zip Code 7720 University Ave. Lubbock, TX 79423
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Punch Card
---------------------------------	--	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/14/2014	Payee name Office Max
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Amount (\$) \$79.07	Payee address City; State; Zip Code 1303 North Collins St Suite 501 Arlington, TX 76011
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/18/2014	Payee name Office Max
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Amount (\$) \$146.40	Payee address City; State; Zip Code 1303 North Collins St Suite 501 Arlington, TX 76011
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/07/2014	Payee name Office Max
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Amount (\$) \$107.99	Payee address City; State; Zip Code 1303 North Collins St Suite 501 Arlington, TX 76011
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
-------------------------------	--	---

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

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 TAVERNITIORITY  
 2014 JUL 14 AM 3:06  
 ELECTIONS ADMINISTRATOR  
 BY:

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 5/9 Report: 10/14	<b>2</b> FILER NAME Nash, Barbara (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00064484
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<b>4</b> Date 02/24/2014	<b>5</b> Payee name Sam's club
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<b>6</b> Amount (\$) \$59.60	<b>7</b> Payee address City; State; Zip Code 8351 Anderson Blvd Fort Worth, TX 76120
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paper
---------------------------------	---	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/25/2014	Payee name TCGOP Senate District 10 Convention
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Amount (\$) \$100.00	Payee address City; State; Zip Code 2400 Gravel Drive Fort Worth, TX 76118
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/10/2014	Payee name TCGOP Senate District 10 Convention
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Amount (\$) \$100.00	Payee address City; State; Zip Code 2400 Gravel Drive Fort Worth, TX 76118
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/31/2014	Payee name TFRW
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Amount (\$) \$250.00	Payee address City; State; Zip Code 515 Capital of Texas Hwy. Suite 133 Austin, TX 78746
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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TARRANT COUNTY  
 2014 JUL 1  
 10:06 AM  
 SYSTEM ADMINISTRATOR  
 ELECTIONS

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 6/9 Report: 11/14	<b>2 FILER NAME</b> Nash, Barbara (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00064484
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<b>4 Date</b> 04/28/2014	<b>5 Payee name</b> Theatre Arlington
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<b>6 Amount (\$)</b> \$100.00	<b>7 Payee address</b> City; State; Zip Code 305 N. Main Arlington, TX 76010
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>	<b>Office sought:</b>	<b>Office held:</b>
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<b>Date</b> 01/24/2014	<b>Payee name</b> USPS - Postmaster
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<b>Amount (\$)</b> \$215.00	<b>Payee address</b> City; State; Zip Code P.O. Box 120988 Arlington, TX 76012
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>	<b>Office sought:</b>	<b>Office held:</b>
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<b>Date</b> 02/21/2014	<b>Payee name</b> USPS - Postmaster
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<b>Amount (\$)</b> \$6.80	<b>Payee address</b> City; State; Zip Code P.O. Box 120988 Arlington, TX 76012
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>	<b>Office sought:</b>	<b>Office held:</b>
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<b>Date</b> 02/21/2014	<b>Payee name</b> USPS - Postmaster
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<b>Amount (\$)</b> \$40.00	<b>Payee address</b> City; State; Zip Code P.O. Box 120988 Arlington, TX 76012
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>	<b>Office sought:</b>	<b>Office held:</b>
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 TARRANT COUNTY  
 2014 JUL 11 PM 3:15  
 STEVE HARRIS  
 CLERK  
 ELECTIONS ADMINISTRATION

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 7/9 Report: 12/14	<b>2</b> FILER NAME Nash, Barbara (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00064484
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<b>4</b> Date 02/24/2014	<b>5</b> Payee name USPS - Postmaster
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<b>6</b> Amount (\$) \$49.00	<b>7</b> Payee address City; State; Zip Code P.O. Box 120988 Arlington, TX 76012
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule F) <input type="checkbox"/> Postage
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/31/2014	Payee name Vista Print
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Amount (\$) \$112.70	Payee address City; State; Zip Code 95 Hayden Avenue Lexington, MA 02421
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule F) <input type="checkbox"/> Punch Card
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/07/2014	Payee name Walker, Shelli (Ms.)
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 703 Viewside Circle Arlington, TX 76011
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule F) <input type="checkbox"/> Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/21/2014	Payee name Walker, Shelli (Ms.)
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 703 Viewside Circle Arlington, TX 76011
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule F) <input type="checkbox"/> Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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FILED  
 TARRANT COUNTY  
 2014 JUN 14 PM 3:06  
 ELECTIONS ADMINISTRATOR

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | 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.

<b>1</b> PAGE # Schedule: 8/9 Report: 13/14	<b>2</b> FILER NAME Nash, Barbara (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00064484
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<b>4</b> Date 03/10/2014	<b>5</b> Payee name Walker, Shelli (Ms.)
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address City; State; Zip Code 703 Viewside Circle Arlington, TX 76011
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/07/2014	Payee name Walker, Zak (Ms.)
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Amount (\$) \$100.00	Payee address City; State; Zip Code 703 Viewside Circle Arlington, TX 76011
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/24/2014	Payee name Walker, Zak (Ms.)
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Amount (\$) \$100.00	Payee address City; State; Zip Code 703 Viewside Circle Arlington, TX 76011
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/11/2014	Payee name Walker, Zak (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 703 Viewside Circle Arlington, TX 76011
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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 STATE BAR OF TEXAS  
 ELECTIONS ADMINISTRATOR

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 9/9 Report: 14/14		<b>2 FILER NAME</b> Nash, Barbara (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00064484	
<b>4 Date</b> 02/27/2014		<b>5 Payee name</b> Web Tech Web Design			
<b>6 Amount (\$)</b> \$400.00		<b>7 Payee address</b> City; State; Zip Code 3709 South Shady Creek Drive Arlington, TX 76013			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web Design	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held:

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2014 JUL 14 PM 3:06  
STATE AGENCY  
ELECTIONS ADMINISTRATOR  
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