

# 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) <b>00064484</b>	2 Total pages filed: <b>3</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Ms.</b> FIRST <b>BARBARA</b> MI NICKNAME LAST <b>NASH</b> SUFFIX	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <hr/> <p>Date Handled or Postmarked <b>2014 JAN 14 PM 2:30</b></p> <p>By: <b>FRANK PHILLIPS</b></p> <p>Amount</p> <p>Date Processed</p> <p>Date Imaged</p> <p style="text-align: right;"><b>FILED TARRANT COUNTY</b></p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <b>O.K.</b> MI NICKNAME LAST <b>CARTER</b> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	ARFA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>07 / 16 / 2014</b> <b>12 / 31 / 2014</b>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME NASH, BARBARA

15 ACCOUNT # (Ethics Commission Filers)  
00064484

16 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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

FILED  
TARRANT COUNTY  
2015 JAN 14 PM 2:35  
FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR  
BY:

additional pages

17 CONTRIBUTION TOTALS

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

\$ — 0 —

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

\$ — 0 —

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 46.23

4. TOTAL POLITICAL EXPENDITURES

\$ 1,277.60

CONTRIBUTION BALANCE

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

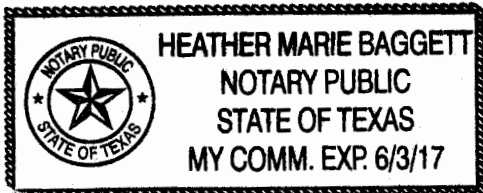
\$ 12,565.84

OUTSTANDING LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / 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<sup>th</sup> day of JANUARY, 20 15, to certify which, witness my hand and seal of office.

Heather Marie Baggett  
Signature of officer administering oath

Heather Marie Baggett 06/03/17  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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.

1 Total pages Schedule F: <b>1</b>	2 FILER NAME <b>NASH, BARBARA</b>	3 ACCOUNT # (Ethics Commission Filers) <b>00064484</b>
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4 Date <b>8/14/2014</b>	5 Payee name <b>ARLINGTON LIFE SHELTER</b>
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6 Amount (\$) <b>100.00</b>	7 Payee address; City; State; Zip Code <b>325 W. DIVISION. ARLINGTON, TX 76011</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>CONTRIBUTION</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>DONATION TO CHARITY</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/14/2014</b>	Payee name <b>U.S. POSTAL SERVICE</b>
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Amount (\$) <b>146.00</b>	Payee address; City; State; Zip Code <b>1009 OAKWOOD LANE ARLINGTON, TX 76012</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE EXPENSES</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <b>10-29-2014</b>	Payee name <b>TCGOP</b>
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Amount (\$) <b>800.00</b>	Payee address; City; State; Zip Code <b>2405 GRAVEL ROAD FORT WORTH, TX 76118</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRIBUTION</b>	Description (If travel outside of Texas, complete Schedule T) <b>POLITICAL DONATION</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <b>11-12-2014</b>	Payee name <b>TEXAS CAPITOL GIFT SHOP</b>
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Amount (\$) <b>231.60</b>	Payee address; City; State; Zip Code <b>1201 SAN JACINTO E 1.004 AUSTIN, TX 78701</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>GIFTS</b>	Description (If travel outside of Texas, complete Schedule T) <b>GIFTS FOR SILENT AUCTION</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED  
 TARRANT COUNTY  
 2015 JAN 4 PM 2:35  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR