CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guil	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00064484	2 PAGE# 1 of 14				
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Ms. Barbara	MI	OFFICE USE ONLY				
NAME	NICKNAME LAST Nash	SUFFIX	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked				
Change of Address			Receipt # J Amount				
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Processed				
TREASURER NAME	о. к.		Date Imaged				
TVANE	NICKNAME LAST Carter	SUFFIX	Date illiaged				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE#; CITY; STATE;	ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION					
8 REPORT TYPE	January 15 30th day before elec	tion Runoff	15th day after campaign treasurer appointment (officeholder only)				
*	X July 15 8th day before electi	on Exceeded \$500 limit	Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year	Month Day	Year				
	01/13/2014	об/30/20 ²	14				
10 ELECTION	ELECTION DATE ELECTION TY Month Day Year 03/04/2014		General Special				
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Justice of the Peace					
	GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

	TOTALO		COVER SHEET PG 2
13 C/OH NAME Nash	ı, Barbara (Ms.)		14 ACCOUNT # (Ethics Commission filers) 00064484
15 NOTICE FROM	 This box is for no have been made with information only if the 	otice of political expenditures by political committees to support the ca hout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures	
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	3 E
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	אר ברבטומא ברבטומא
additional pages		COMMITTEE CAMPAGALET ACCIDED	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 5 5.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,365.39
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 556.00
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 36,828.53
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LY OF THE REPORTING PERIOD	\$ 13,746.67
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$ 0.00
17 AFFIDAVIT	avid Andr	is true and correct and includes a me under Title 15, Election Code	of perjury, that the accompanying report all information required to be reported by
Sworn to and subscrib	ed before me, by t	he said Barbara Nash	, this the day
of July		rtify which, witness my hand and seal of office.	Water Ruld
Signature of officer adm	Jol// inistering oath	Print name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O.Box 12070

SCHEDULE A

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 1/3	Report: 3/14				
2	FILER NAME	Nash, Barbara (Ms.)		3 ACCOUNT # 00064484	(Ethics Commission filers)				
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# (New), O. K. (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 tn-kind contribution description (if applicable)				
	01/13/2014	6 Contributor address; City; State; Zip Code 2401 Villa Vera Arlington, TX 76017		\$100.00					
				(If travel outside of	Texas, complete Schedule T)				
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)					
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	02/03/2014	Contributor address; City; State; Zip Code 1012 Walnut Drive Arlington, TX 76012	· · · · · · · · · · · · · · · · · · ·	\$100.00	1				
				L .	Texas, complete Schedule T)				
Г	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)					
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	02/18/2014	Contributor address; City; State; Zip Code 1107 South Bowen Arlington, TX 76016		\$50.00	 				
				(If travel outside of	Texas, complete Schedule T)				
-	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>					
	Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	02/10/2014	Contributor address; City; State; Zip Code 4107 South Bowen Road Suite 131		\$100.00	 				
	:	Arlington, TX 76016		İ	_				
L					Texas, complete Schedule T)				
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	02/10/2014	Contributor address; City; State; Zip Code 7979 Chartwell Ln Ft. Worth, TX 76120		\$1,000.00	l 				
		. *		(If travel outside of	Texas, complete Schedule T)				
	Principal occup	ation / Job title (See Instructions)	Employer (See In						
	Attorney		Steven C. Laird						

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

=					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3	3 Report: 4/14
2	FILER NAME	Nash, Barbara (Ms.)		3 ACCOUNT # 00064484	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (Maddox, Helen (Ms.)	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	01/30/2014	6 Contributor address; City; State; Zip Cod 3412 Woodford Dr Arlington, TX 76013	e	\$200.00	Texas, complete Schedule T)
_				<u></u>	Texas, complete schedule 1)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	:
	Date	Full name of contributor ut-of-state PAC (Maddox, Helen (Ms.)	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/10/2014	Contributor address; City; State; Zip Cod 3412 Woodford Dr Arlington, TX 76013	е	\$300.00	! !
				(If travel outside of	Texas, complete Schedule T)
	Delevata al access	ation / Job title (See Instructions)	Employer (See In		Tokao, complete conceans 1,
	Principal occup	ation / Job title (See Instructions)	Employer (See in	structions)	
,	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/13/2014	Contributor address; City; State; Zip Cod P.O. Box 91588 Arlington, TX 76015	е	\$1,500.00	! ! !
		,		(If travel outside of	Texas, complete Schedule T)
<u> </u>	Dringing Langua	etien / Joh title (Coe Instructions)	Employer (See In	1	Toxas, complete concasts 1,
-	Principal occup	ation / Job title (See Instructions)	Employer (See II	istructions)	
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2014	Contributor address; City; State; Zip Cod 2705 Oak Trail Ct Dalworthington Gardens, TX 76016	e	\$290.39	
					'
L	-			<u> L'. </u>	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/10/2014	Contributor address; City; State; Zip Coo 1516 River Crest CT Fort Worth, TX 76107	le	\$500.00	
				(If travel outside of	f Texas, complete Schedule T)
\vdash	Principal occur	L pation / Job title (See Instructions)	Employer (See Ir	L'	· · · · · · · · · · · · · · · · · · ·
	Retired		Retired		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	O I I I I	MART ELDOES ON EGANS	
	The Instruction	ง 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	5 Full name of contributor ☐ out-of-state PAC (ID# Saucier, Barbara (Ms.)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
	02/03/2014	6 Contributor address; City; State; Zip Code P.O. Box 1328 Arlington, TX 76004	\$125.00
			(If travel outside of Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	mployer (See Instructions)
	Date	Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)
	02/10/2014	Contributor address; City; State; Zip Code 2300 Panorama Court Arlington, TX 76016	\$100.00
			(If travel outside of Texas, complete Schedule T)
-	Principal occup	ation / Job title (See Instructions)	imployer (See Instructions)
-			
			39 LB
			TARRAN 2014 JUL 1 STEVE
			PH 3: 06

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense

Gifts/Awards/Memorial Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Banking Legal Services Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this		crict Contribution Candidate Rental Expense OTHER (ent	on Equipment & Related Expense shonations Made By s/Officeholder/Political Committee er a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/9 Re	port: 6/14 Nash, Barbara (Ms.)		00064484
4 Date	5 Payee name		
04/10/2014	AISD Education Foundation		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$108.00	1141 W. Pioneer Parkway Suite 103 Arlington, TX 76013		
8 BURDOSE	(a) Category (See Categories listed at the top of this schedule)	1, ,	de of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Foundation Event	
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	Surdicate / Siliconology Hamo	Cince sought.	Office field.
Date	Payee name		
02/11/2014	Arlington Life Shelter		
Amount (\$)	Payee address City; State; Zip Code		
\$200.00	325 W. Division Arlington, TX 76011		
	Annyton, 1270011		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
PURPOSE	Gifts/Awards/Memorials Expense	Donation	de di Texas, complete scriedule 1)
OF EXPENDITURE		20.14.0.1	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
Date 03/07/2014	Payee name Art Etc.		
	l . ·		
03/07/2014	Art Etc. Payee address City; State; Zip Code 135 Star Strut		
03/07/2014 Amount (\$)	Art Etc. Payee address City; State; Zip Code		
03/07/2014 Amount (\$)	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045		
03/07/2014 Amount (\$) \$175.00	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule)	, ,	de of Texas, complete Schedule T)
03/07/2014 Amount (\$) \$175.00 PURPOSE OF	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045	Description (If travel outs Production of Handouts	
03/07/2014 Amount (\$) \$175.00	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule)	, ,	
03/07/2014 Amount (\$) \$175.00 PURPOSE OF EXPENDITURE Complete ONLY if	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule)	Production of Handouts Office sought:	D CT Office held:
03/07/2014 Amount (\$) \$175.00 PURPOSE OF EXPENDITURE	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule) Advertising Expense	Production of Handouts Office sought:	Office hold:
O3/07/2014 Amount (\$) \$175.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Production of Handouts Office sought:	Office held:
O3/07/2014 Amount (\$) \$175.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule) Advertising Expense	Production of Handouts Office sought:	Office held:
O3/07/2014 Amount (\$) \$175.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Production of Handouts Office sought:	Office held:
O3/07/2014 Amount (\$) \$175.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/27/2014	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Big Brothers Big Sisters Payee address City; State; Zip Code 205 W. Main	Production of Handouts Office sought:	Office held:
O3/07/2014 Amount (\$) \$175.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/27/2014 Amount (\$)	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Big Brothers Big Sisters Payee address City; State; Zip Code	Production of Handouts Office sought:	Office held: EE 22 TARRANGE TO THE TARRANGE T
O3/07/2014 Amount (\$) \$175.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/27/2014 Amount (\$)	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Big Brothers Big Sisters Payee address City; State; Zip Code 205 W. Main Arlington, TX 76010	Production of Handouts Office sought:	Office held:
O3/07/2014 Amount (\$) \$175.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/27/2014 Amount (\$) \$100.00	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Big Brothers Big Sisters Payee address City; State; Zip Code 205 W. Main Arlington, TX 76010 Category (See Categories listed at the top of this schedule)	Production of Handouts Office sought: Description (If travel outs	office held:
O3/07/2014 Amount (\$) \$175.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/27/2014 Amount (\$) \$100.00 PURPOSE OF	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Big Brothers Big Sisters Payee address City; State; Zip Code 205 W. Main Arlington, TX 76010	Production of Handouts Office sought:	office held:
O3/07/2014 Amount (\$) \$175.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/27/2014 Amount (\$) \$100.00	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Big Brothers Big Sisters Payee address City; State; Zip Code 205 W. Main Arlington, TX 76010 Category (See Categories listed at the top of this schedule)	Production of Handouts Office sought: Description (If travel outs	office held:
O3/07/2014 Amount (\$) \$175.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/27/2014 Amount (\$) \$100.00 PURPOSE OF	Art Etc. Payee address City; State; Zip Code 135 Star Strut Herford, TX 79045 Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Big Brothers Big Sisters Payee address City; State; Zip Code 205 W. Main Arlington, TX 76010 Category (See Categories listed at the top of this schedule)	Production of Handouts Office sought: Description (If travel outs	office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES 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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a received program in the program of the

rees	The Instruction Guide explains how to					
1 PAGE#	2 FILER NAME	3 ACCOUNT# (TEC filers)				
Schedule: 2/9 Re	N==k D==k=== (M=)	00064484				
4 Date	5 Payee name	00004404				
01/13/2014	Bird's Copies					
6 Amount (\$)	7 Payee address City; State; Zip Code					
\$259.20	208 S. East Street	•				
\$239.20	Arlington, TX 76010	·				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)				
PURPOSE OF	Printing Expense	Punch Card				
EXPENDITURE						
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:				
to benefit C/OH						
Date	Payee name					
03/03/2014	Charles Parker Campaign					
Amount (\$)	Payee address City; State; Zip Code					
\$100.00	501 Crown Colony					
ψ100.00	Arlington, TX 76006					
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
PURPOSE OF	Gifts/Awards/Memorials Expense	Donation				
EXPENDITURE						
		Office holds				
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:				
to benefit C/OH						
Date	Payee name					
03/25/2014	Chip Pierce Photography					
Amount (\$)	Payee address City; State; Zip Code					
\$100.00	1608 Steinburg Ln.					
	Fort Worth, TX 76134					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
OF	Accounting/Banking	Photography 🔻 🖺 🖂				
EXPENDITURE		7014 2014 1EC				
Complete ONLY if	Candidate / Officeholder name	Office sought: Office Teld: 20				
Complete ONLY if direct expenditure	Candidate / Officeriolider frame	Since studyin.				
to benefit C/OH		The Paris and th				
Date	Payee name					
03/18/2014	Crow, David (Mr.)					
Amount (\$)	Payee address City; State; Zip Code					
\$500.00	1106 Bryant Street					
	Benbrook, TX 76126					
	0/1	}				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
OF	OF Advertising Expense					
EXPENDITURE						
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:				
direct expenditure						
to benefit C/OH						

SCHEDULE F

EXPENDITURE CATEGORIES

dvertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract La
ccounting/Banking Legal Services Solicitation/Fundraising Exp

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

	The Instruction Guide expla	ins how to complete this form.					
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)				
Schedule: 3/9 Re	port: 8/14 Nash, Barbara (Ms.)		00064484				
4 Date	5 Payee name						
05/05/2014	First Uniited Methodist Church						
6 Amount (\$)	7 Payee address City; State; Zip Code						
\$2,500.00	313 Center Street Arlington, TX 76010						
	Annigion, 17 70010						
0	(a) Category (See Categories listed at the top of this schedu	le) (b) Description (If travel outsid	e of Texas, complete Schedule T)				
8 PURPOSE	Gifts/Awards/Memorials Expense	Donation	e of Texas, complete schedule T)				
OF EXPENDITURE							
EXI ENDITORE							
9 Complete ONLY if							
direct expenditure to benefit C/OH							
Date	Payee name						
02/05/2014	Mesa Media						
Amount (\$)	Payee address City; State; Zip Code						
\$1,248.75	P.O. Box 30911						
01,210.10	Austin, TX 78703						
·							
BUBBOSE	Category (See Categories listed at the top of this schedu		e of Texas, complete Schedule T)				
PURPOSE OF	Consulting Expense	Consulting					
EXPENDITURE							
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:				
direct expenditure	Canadato / Cinconolator Harris	0 moc 332g. m					
to benefit C/OH							
Date	Payee name						
03/12/2014	Mesa Media						
Amount (\$)	Payee address City; State; Zip Code	1					
\$16,953.39	P.O. Box 30911 Austin, TX 78703						
	Category (See Categories listed at the top of this schedu	ule) Description (If travel outside	g of Texas, complete Schedule T)				
PURPOSE	Advertising Expense	Signs	TEC TH				
OF EXPENDITURE							
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:				
to benefit C/OH							
Date	Payee name						
02/09/2014	Midtown Printing						
Amount (\$)	Payee address City; State; Zip Code		3:0				
\$4,748.05	7720 University Ave.		Citizen Control of the Control of th				
	Lubbock, TX 79423		76 C 1				
PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description (If travel outside Punch Card	de of Texas, complete Schedule T)				
OF	Printing Expense	Fullon Calu					
EXPENDITURE							
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:				
direct expenditure to benefit C/OH							

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Gift Accounting/Banking Leg Consulting Expense Event Expense Pol Fees Print Grant Control of the Control o

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

		The Instruction Guide explains he	w to complete this form.				
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)			
Schedule: 4/9 Re	eport: 9/14	Nash, Barbara (Ms.)		00064484			
4 Date	5 Payee name						
02/28/2014	Midtown Pri						
6 Amount (\$)	7 Payee addres	s City; State; Zip Code					
\$4,113.58	7720 Univer						
	Lubbock, T	K 79423					
	(-) 0.1 (0		In Description (II)				
8 PURPOSE		e Categories listed at the top of this schedule)	(b) Description (If travel outs Punch Card	side of Texas, complete Schedule T)			
OF	OF Advertising Expense						
EXPENDITURE							
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:			
direct expenditure to benefit C/OH			_				
to benefit C/OH							
Date	Payee name						
02/14/2014	Office Max						
Amount (\$)	Payee addres	• • • •					
\$79.07	1303 North Suite 501	Collins St					
	Arlington, T	X 76011					
		e Categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule T)			
PURPOSE		nead/Rental Expense	Office Supplies	side of Texas, complete concodic 1)			
OF	011100 01011	iodan tomar Expondo	Silies Cuppilise				
EXPENDITURE							
Complete ONLY if	Candidate / C	fficeholder name	Office sought:	Office held:			
direct expenditure to benefit C/OH	-						
	L Payes name						
Date 02/18/2014	Payee name Office Max						
Amount (\$)	Payee address	s City; State; Zip Code					
\$146.40	Suite 501		an ∵	ELE 20 T			
	Arlington, T	X 76011	· · · · · · · · · · · · · · · · · · ·				
	Category (Se	e Categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule T)			
PURPOSE	1 .	nead/Rental Expense	Office Supplies				
OF EXPENDITURE		•		25.0			
EXI ENDITORE							
Complete ONLY if	Candidate / C	officeholder name	Office sought:	Office held:			
direct expenditure to benefit C/OH							
Date	Payee name			je se			
04/07/2014	Office Max			- G - K			
Amount (\$)	Payee addres	ss City; State; Zip Code		<u> </u>			
\$107.99	1	-					
φ107.99	Suite 501		•				
	Arlington, T	X 76011					
	Category (Se	e Categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule T)			
PURPOSE OF	Office Overl	nead/Rental Expense	Office Supplies				
EXPENDITURE							
Complete ONLY if			0.00	0.00			
direct expenditure	Candidate / C	officeholder name	Office sought:	Office held:			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

expenditure categories

salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Event Expense Fees		Expense The INSTRI	С	ravel Out Of Distric Office Overhead/Rer Explains how to		OTHER (enter a	fficeholder/Political C a category not listed a	
4 BACE#		2 FILER NAME		explains now to	o complete time re		3 ACCOUNT#	(TEC filers)
1 PAGE # Schedule: 5/9 Re	eport: 10/14	Nash, Barba					00064484	(120 mers)
4 Date	5 Payee name							
02/24/2014	Sam's club						·	
6 Amount (\$)	7 Payee address	ss City;	State; Zip	Code				
\$59.60	8351 Anders Fort Worth,							····
8	, , ,	e Categories listed a		schedule)	(b) Description	(If travel outside	of Texas, complete S	chedule T)
PURPOSE OF	Office Overf	head/Rental Exp	ense		Paper			-
EXPENDITURE								
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name			Office so	ught:	Office held:	
Date	Payee name							
02/25/2014		nate District 10 C						
Amount (\$)	Payee addres	, ,	State; Zip	o Code				
\$100.00	2400 Grave Fort Worth,							
DURBOOF		ee Categories listed a		s schedule)	Description	(If travel outside	of Texas, complete S	ichedule T)
PURPOSE OF	Gifts/Award	s/Memorials Exp	ense		Donation			
EXPENDITURE								
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name			Office so	ught:	Office held:	
Date	Payee name							
04/10/2014	TCGOP Ser	nate District 10 (Convention			্যত	<u>ra</u>	
Amount (\$)	Payee addres	ss City;	State; Zi	p Code			Ec 2	emod
\$100.00	2400 Grave Fort Worth,							
	Category (Se	ee Categories listed a	t the top of this	s schedule)	Description	(If travel outside	of Texas, complete S	Schedule I)
PURPOSE OF	Gifts/Award	s/Memorials Exp	ense		Donation	-		ांग
EXPENDITURE								
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name			Office so	ught:	Office held	
Date	Payee name					, i		
03/31/2014	TFRW							
Amount (\$)	Payee addres	ss City;	State; Zi	p Code				
\$250.00	515 Capital Suite 133 Austin, TX	of Texas Hwy. 78746						
PURPOSE OF EXPENDITURE	Contribution	ee Categories listed a ns/Donations Ma Officeholder/Poli	de By	•	Description Dues	(If travel outside	of Texas, complete S	Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / 0	Officeholder name			Office so	ught:	Office held	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees		Expense Expense The Instru		Travel Out Of Dist Office Overhead/F E explains how		OTHER (enter a	ficeholder/Political Co category not listed a	
1 PAGE#	<u> </u>	2 FILER NAME					3 ACCOUNT#	(TEC filers)
Schedule: 6/9 Re	enort: 11/14	Nash, Barba	ıra (Ms.)				00064484	(120)
4 Date	5 Payee name						00001101	
04/28/2014	Theatre Arlin							
6 Amount (\$)	7 Payee addres	-	State; Z	ip Code				
\$100.00	305 N. Main Arlington, T							
8	, , ,	e Categories listed at	-	is schedule)	(b) Description	(If travel outside of	of Texas, complete Se	chedule T)
PURPOSE OF	Gifts/Awards	s/Memorials Exp	ense		Donation			
EXPENDITURE								
O Complete ONLY if	Candidate / C	Officeholder name			Office so	ught:	Office held:	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	miceriolder name						
Date	Payee name							
01/24/2014	USPS - Pos							
Amount (\$)	Payee addres	- ,	State; Z	ip Code				
\$215.00	P.O. Box 12 Arlington, T							
	Annigion, 1	X 70012						
	Category (Se	e Categories listed a	t the top of th	is schedule)	Description	(If travel outside (of Texas, complete S	chedule T)
PURPOSE	Advertising		t tile top of til	is scriedule)	Postage	(ii travor outoido (, reads, complete c	S. 17
OF EXPENDITURE	7107071101119							
EXPENDITORE								
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name			Office so	ought:	Office held:	
Date	Payee name							
02/21/2014	USPS - Pos	tmaster				30 ————————————————————————————————————	20	
Amount (\$)	Payee addres	ss City;	State; Z	ip Code			C	
\$6.80	P.O. Box 12					1	E 25	Í.
	Arlington, T	X 76012					SO T	ुः ना
	O-1 (O-	- Onto an dead line of a	1 41 1 of 41-	in anhadala)	Description	/If traval autoida	of Texas, complete S	abadula T\
PURPOSE	Advertising	e Categories listed a	t the top of th	is schedule)	Stamps	(II traver outside (man and an analysis of the same and an analysis of the sam	cueque (a)
OF	Advertising	Lxperise			Gtamps	ė.		and hand
EXPENDITURE							ज़ुना क	6.7 to
Complete ONLY if	Candidate / C	Officeholder name			Office so	ought:	Office treld:	-<.
direct expenditure to benefit C/OH							3 0	
	Days							
Date 02/21/2014	Payee name USPS - Pos	stmaster						
Amount (\$)	Payee addres		State; Z	in Code				
		•	0.0.0, 2	p 0000				
\$40.00	Arlington, 7							
	Category (Se	ee Categories listed a	t the top of th	nis schedule)	Description	(If travel outside	of Texas, complete S	Schedule T)
PURPOSE	Advertising	Expense			Postage			
EXPENDITURE								
		200					Office hadde	
Complete ONLY if direct expenditure	Candidate / C	Officeholder name			Office so	ought:	Office held:	
to benefit C/OH								

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

		The Instruction Guide explains ho	w to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 7/9 Re	port: 12/14	Nash, Barbara (Ms.)		00064484
4 Date	5 Payee name			
02/24/2014	USPS - Post	master		
6 Amount (\$)	7 Payee address	s City; State; Zip Code		
\$49.00	P.O. Box 120			
Ψ+3.00	Arlington, T			i i
8	(a) Category (See	Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Advertising E	Expense	Postage	
OF EXPENDITURE				
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
01/31/2014	Vista Print			
Amount (\$)	Payee addres	,		
\$112.70	95 Hayden A			•
	Lexington, N	WA 02421		
	<u> </u>			
PURPOSE		e Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
OF	Advertising E	expense	Punch Card	
EXPENDITURE			p of the state of	¥ 7 3
	0414-4-70			500 = 30
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				55 F 51
Date	Payee name			
02/07/2014	Walker, She	lli (Ms.)		
Amount (\$)	Payee addres			رب <u>ب</u>
\$1,000.00	703 Viewside	***		3:0
\$1,000.00	Arlington, T.			9 0
				1
	Category (See	e Categories listed at the top of this schedule)	Description (If travel outsid	e of Texas, complete Schedule T)
PURPOSE	1	ges/Contract Labor	Contract Labor	o or toxas, complete concess ty
OF EXPENDITURE		gos, com acc 2000.	55/14/61/24/5/	
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
02/21/2014	Walker, She			
Amount (\$)	Payee addres		-	
\$1,000.00	703 Viewsid			
	Arlington, T	X /6011		
DUDDOOF		e Categories listed at the top of this schedule)	1 .	le of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wa	ges/Contract Labor	Contract Labor	
EXPENDITURE				
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				

SCHEDULE F

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense

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

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling E Printing	Expense	Travel Out Of Dis Office Overhead		OTHER (enter	fficeholder/Political C a category not listed a	
1 PAGE#		2 FILER NAME	3 ACCOUNT#	(TEC filers)			
Schedule: 8/9 Re	port: 13/14	Nash, Barbara (Ms.)				00064484	
4 Date	5 Payee name						
03/10/2014	Walker, She	lli (Ms.)	-				
6 Amount (\$)	7 Payee addres	s City; State;	Zip Code				
\$1,000.00	703 Viewside Arlington, T						
8	, , , , ,	Categories listed at the top of	this schedule)	(b) Description	. *	of Texas, complete S	chedule T)
PURPOSE OF	Salaries/Wa	ges/Contract Labor	bor				
EXPENDITURE							
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name		Office so	ught:	Office held:	
Date	Payee name						·
02/07/2014	Walker, Zak	<u>`</u>					
Amount (\$)	Payee addres	s City; State;	Zip Code				
\$100.00	703 Viewside Arlington, Ti						
	Category (See	e Categories listed at the top of	this schedule)	Description	(If travel outside	of Texas, complete S	
PURPOSE OF	Salaries/Wa	ges/Contract Labor		Contract La	bor		22.
EXPENDITURE					, south	3 2 ≥	33
Complete ONLY if	Candidate / O	fficeholder name		Office so	ught:	Office held:	27
Complete ONLY if direct expenditure	Candidate / O	ilicendidei fiame		Office 30	ugiit.		
to benefit C/OH			-		<u> </u>	90 Th 1 2 Th	
Date	Payee name						To the same
02/24/2014	Walker, Zak	<u>``</u>				<u> </u>	22
Amount (\$)	Payee addres		Zip Code		a na haife	i o	-<
\$100.00	703 Viewsid					S 0	
	Arlington, T	X /0011			, 1 1		
<u> </u>	Catagony (Ca	- Cotonories listed at the top of	this schodule)	Description	/If traval outside	of Texas, complete S	chodulo T)
PURPOSE		e Categories listed at the top of ges/Contract Labor	ins schedule)	Contract La	•	or rexas, complete o	Criedule 1)
OF EXPENDITURE	Calarics/ * * a	goor Contract Labor		0011114012			
EXPENDITURE							
Complete ONLY if	Candidate / O	fficeholder name		Office so	ught:	Office held:	
direct expenditure to benefit C/OH							
	l Bayes nome						
Date 03/11/2014	Payee name Walker, Zak	(Ms.)					
Amount (\$)	Payee address		Zip Code		· · · · · · · · · · · · · · · · · · ·		-
\$200.00	1	•					
φ200.00	Arlington, T						
	Category (Se	e Categories listed at the top of	f this schedule)	Description	(If travel outside	of Texas, complete S	Schedule T)
PURPOSE		ges/Contract Labor	•	Contract La	bor		-
OF EXPENDITURE		-					
							·
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office so	ought:	Office held	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

P.O.Box 12070

Polling Expense Printing Expense

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

_	The Instruction Guide explains how to complete this form.									
1 PAGE#				2 FILER NAME				3 ACCOUNT#	(TEC filers)	
Schedule: 9/9 Report: 14/14			ort: 14/14	Nash, Barbara (Ms.)			00064484			
4	Date 02/27/2014	5	5 Payee name Web Tech Web Design							
6	Amount (\$) \$400.00	7	Payee address City; State; Zip Code 3709 South Shady Creek Drive Arlington, TX 76013							
DUDDOOF I'		Advertising I	e Categories listed at the top of this Expense	schedule)	(b) Description Web Design	•	of Texas, complete S	chedule T)		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / O	fficeholder name		Office so	ught:	Office held:			