CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guid	E explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers) 00064484	2 PAGE # 1 of 9			
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY			
OFFICEHOLDER	Ms. Barbara		Date Received			
NAME			Date Necelyeu			
	NICKNAME LAST Nash	SUFFIX	· ·			
	11401		BY: EL			
	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	LE 29			
4 CANDIDATE / OFFICEHOLDER	ADDITION OF BOX,					
MAILING			2 2 R			
ADDRESS			Date Hand-delivered or Dete Postmarked			
Change of Address			5 5			
Change of Address						
			Receipt # Amount			
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Processed			
TREASURER	О.К.		Date Imaged			
NAME	NICKNAME LAST	SUFFIX				
	Carter					
	- Canar					
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); AF	PT / SUITE #; CITY; STATE;	ZIP CODE			
TREASURER	,					
ADDRESS (Residence or business)						
(Nesiderice of business)						
			10.000000000000000000000000000000000000			
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE						
PHONE						
8 REPORT TYPE						
C REFORTITE	X January 15 30th day befo	re election Runoff	15th day after campaign treasurer appointment (officeholder only)			
			appointment (officeriolists offiy)			
	July 15 Sth day before	e election Exceeded \$500 limit	Final report (Attach C/OH - FR)			
9 PERIOD	Month Day Year	Month Day	Year			
COVERED		•				
	07/16/2013	THROUGH 12/31/20	13			
	37,10/2013					
10 ELECTION	ELECTION DATE ELECTION DATE	TION TYPE				
	Month Day Year	Primary Runoff	General Special			
	03/04/2014					
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known	i)			
		Tarrant County JP,				
		1,				
			<u> </u>			
	GO	TO PAGE 2				
	OU TO FAGE 2					

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

SUPPORT &	IOIALS		QOVE	C SHEET PG Z
13 C/OH NAME Nash,	Barbara (Ms.)		14 ACCOUNT # 00064484	(Ethics Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca out the candidate's or officeholder's knowledge or consent. Candidat by receive notice of such expenditures	indidate / officeholders les and officeholders	. These expenditures may are required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	BY:	TAR 2014
	GENERAL	COMMITTEE ADDRESS	. "	TARRANT STEVEN
☐ additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
auditional pages	·	COMMITTEE CAMPAIGN TREASURER ADDRESS		12
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	100.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,405.00
EXPENDITURE TOTALS				1,127.63
÷	4. TOTAL	POLITICAL EXPENDITURES	\$	10,444.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			45,391.82
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	\$	0.00	
17 AFFIDAVIT				
		l swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Coo	s all information red	
		Dandled Signature of C	Sandidate or Office	holder
AFFIX NOTARY	STAMP / SEAL ABO	√E		~
Sworn to and subscril	. 4	the said Barbara Parn'Sh Nagertify which, witness my hand and seal of office.	this the	1 <u>S</u> day
Shahna Signature of officer adm	R Hema.	· 21 0 D/b.	Title of officer ac	any Public.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

				
The Instruction Guide explains how to complete th	is form.		1 PAGE# Schedule: 1/3	Report: 3/9
2 FILER NAME Nash, Barbara (Ms.)			3 ACCOUNT # 00064484	(Ethics Commission filers)
4 Date 5 Full name of contributor □ out Barnett, Joe (Mr.)	of-state PAC (ID#	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/08/2013 6 Contributor address; City; S 1013 Rosewood Lane Arlington, TX 76010	State; Zip Code		\$100.00	TARRANA STEVEN S
Principal occupation / Job title (See Instructions) Director of Public Policy Research		10 Employer (See In National Center	structions) for Policy Analysis	s R GD
Date Full name of contributor out Baron, Carole	i-of-state PAC (ID#	<u>‡</u>)	Amount of contribution (\$)	In-kind contribution description (ff-applicable)
10/03/2013 Contributor address; City; S 1704 Camelllia Dr. Arlington, TX 76013	State; Zip Code		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See In		, complete sendado ()
Date Full name of contributor out	t-of-state PAC (IDi	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/08/2013 Contributor address; City; S 2916 Duff Arlington, TX 76013	State; Zip Code	••••••	\$100.00	
			<u> </u>	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See In	nstructions)	
Date Full name of contributor Out Holly, Mary (Ms.)	t-of-state PAC (IDa	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/08/2013 Contributor address; City; 2306 Oak Manor Court Arlington, TX 76012	State; Zip Code		\$50.00	
Dringing against lab 4th (Oct 1544)		Employee (0)	<u> 1 ' </u>	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See In	isuucuons)	No. of Contract of
Date Full name of contributor Dour	t-of-state PAC (ID:	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/08/2013 Contributor address; City; 123 Roma Drive Duncanville, TX 75116	State; Zip Code		\$50.00	I
			(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Ir	nstructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3	Report: 4/9
2	FILER NAME	Nash, Barbara (Ms.)		3 ACCOUNT # 00064484	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#_Maddox, Helen (Ms.))	7 Amount of contribution (\$)	8 Fin-kind contribution description (if applicable)
	08/27/2013	6 Contributor address; City; State; Zip Code 3412 Woodford Dr Arlington, TX 76013		\$200.00	HS A TO
<u> </u>	Delegation 1	otion / Joh title (Con Instructions)	10 Employer (See In:	<u> </u>	
9	r-incipal occup				ATOR 3
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/2013	Contributor address; City; State; Zip Code 3412 Woodford Dr Arlington, TX 76013		\$300.00	1
				(if travel outelds of	Texas, complete Schedule T)
<u> </u>	<u></u>	otion / Joh title /Con Instancian	Employer (C	1	, . eproto entroduid 1)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	istructions)	
	Date	Full name of contributor	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/2013	Contributor address; City; State; Zip Code P.O. Box 800168 Arlington, TX 76007		\$25.00	r
				<u>, l </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/2013	Contributor address; City; State; Zip Code 3703 Dustin Trail Dalworthington Gardens, TX 76016		\$100.00	! ! !
L		· · · · · · · · · · · · · · · · · · ·		<u> </u>	Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In Retired	nstructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/2013	Contributor address; City; State; Zip Code P. O. Box 743 Burleson, TX 76097		\$50.00	
		·		/16 hanss 1	Toyon complete 0
<u> </u>		Allen / John W. (2)			Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE # Schedule: 3/3 Ref Schedule: 3/3 Ref O0064484 4 Date	In-kind contribution description (if applicable)
4 Date 5 Full name of contributor Seaman, Margaret (Ms.) 10/08/2013 6 Contributor address; City; State; Zip Code \$50.00	In-kind contribution description (if applicable) ECTIONS ADMITS Cas, complete Schedule 19
Seaman, Margaret (Ms.) 10/08/2013 6 Contributor address; City; State; Zip Code \$50.00	description (if applicable) FILL STEVE Schedule 11 cas, complete Schedul
	JAN 15 Schedule TIONS ADJUSTED SCHEDULE
Arlington, TX 76012	
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	? ? <u>~</u>
Date Full name of contributor	∰kind contribution description (if applicable)
10/08/2013 Contributor address; City; State; Zip Code \$30.00 1206 Riverchase Lane #249 Arlington, TX 76011	
(If travel outside of Tex	xas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor ut-of-state PAC (ID#) Amount of contribution (\$)	In-kind contribution description (if applicable)
10/08/2013 Contributor address; City; State; Zip Code \$100.00 2402 N. Hunter Place Lane Arlington, TX 76006	
(If travel outside of Tex	xas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) contribution (\$)	In-kind contribution description (if applicable)
08/27/2013 Contributor address; City; State; Zip Code \$100.00 717 Briarwood Arlington, TX 76013	
(If travel outside of Tex	xas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

SCHEDULE F

Advertising Exper Accounting/Banki Consulting Exper Event Expense Fees	ng Legal Services Solicitat ise Food/Beverage Expense Travel It Polling Expense Travel C Printing Expense Office C	Mages/Contract Labor Loan Repayr Transportation District Contributions Out of District Candidate	ment/Reimbursement on Equipment & Related Expense s/Donations Made By s/Officeholder/Political Committee er a category not listed above)
1 PAGE# Schedule: 1/4 Re	2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (TEC filers)
4 Date 07/16/2013	5 Payee name Cannon, Gail (Ms.)		ARE
6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 2018 North St. Andrews Court Arlington, TX 76012	•	ENTER AND PORTS ADDRESS ADDRES
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	(b) Description (If travel outside Contract Labor	de of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 11/19/2013 Amount (\$) \$227.33	Payee name Capitol Extension Gift Shop Payee address City; State; Zip Code 1400 N. Congress Avenue E1.006 Austin, TX 78701	ð	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Gifts/Awards/Memorials Expense	Description (If travel outside Gifts for Silent Auctions	de of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 09/26/2013	Payee name Discount Mugs		
Amount (\$) \$405.00	Payee address City; State; Zip Code 6905 N. W. 25th St. Miami, FL 33178	∍	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Advertising Expense	ule) Description (If travel outside Campaign Pens	de of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 10/07/2013	Payee name J. Gilligan's		
Amount (\$) \$200.00	Payee address City; State; Zip Code 400 E. Abram Arlington, TX 76010	•	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Event Expense	ule) Description (If travel outside Fundraiser	de of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

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

EXPENDITURE CATEGORIES

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/Office reder/Political Committee
OTHER (enter a category not lifted above)
m.

1 003	· imang	The Instruction Guide explains ho	w to complete this form.	7
1 PAGE#		2 FILER NAME	1	3 ACCOUNT# (TEC filers)
Schedule: 2/4 Re	port: 7/9	Nash, Barbara (Ms.)		00064484
4 Date	5 Payee name			5 50
11/14/2013	Mesa Media			
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		1 5
\$836.46	P.O. Box 30	32 ?		
	Austin, TX 7	78703		4 - <
			Table 188	$\frac{1}{2}$ $\frac{3}{2}$ $\frac{3}{2}$
8 PURPOSE	1	e Categories listed at the top of this schedule)	(b) Description (If travel outside Push Cards	e of Texas, complete Schedule T)
OF	Advertising I	Expense	rusii Calus	
EXPENDITURE				
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
10/28/2013	Office Max			
Amount (\$)	Payee addres	s City; State; Zip Code		
\$133.91	1303 North	- · · · · · · · · · · · · · · · · · · ·		
Ψ100.51	Suite 501			
	Arlington, T	X 76011		
		e Categories listed at the top of this schedule)	•	e of Texas, complete Schedule T) 🔲
PURPOSE OF	Office Overh	nead/Rental Expense	Toner	
EXPENDITURE				
Complete ONLY if	Candidate / C	fficeholder name	Office sought:	Office held:
direct expenditure	Candidato / C	Allocholds Hallio	Cinos sought.	Office field.
to benefit C/OH				
Date	Payee name			
10/25/2013	<u> </u>	Women of Arlington		
Amount (\$)	Payee addres			
\$350.00	P.O. Box 14 Arlington, T			
	Annigion, i	X 70012		
	Category (Se	e Categories listed at the top of this schedule)	Description (If travel outsid	e of Texas, complete Schedule T)
PURPOSE		s/Donations Made By	Contribution	- c. rexue, complete concedio r,
OF EXPENDITURE		Officeholder/Political Ćommittee		
Complete ONLY if	Candidate / C	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
09/11/2013	TCGOP Ser	nate District 10 Convention		
Amount (\$)	Payee addres	s City; State; Zip Code		
\$1,000.00	2400 Grave			
·	Fort Worth,	1X /6118		
	0-4:		1 5	
PURPOSE		e Categories listed at the top of this schedule)		le of Texas, complete Schedule T)
OF	Candidate/C	s/Donations Made By Officeholder/Political Committee	Lincoln Council	
EXPENDITURE				
Complete ONLY if	Candidate / C	Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			-	

SCHEDULE F

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ng Legal Services Solicitation/Fund se Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains ho	Contract Labor Loan Repayme Transportation Contributions/D Candidate/C Rental Expense OTHER (enter	nt/Reimbursement Equipment & Related Expense ionations Made By ifficeholder/Political Committee a category not listed above)
1 PAGE # Schedule: 3/4 Re	port: 8/9 2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (TEC filers) 00064484
4 Date 11/13/2013	5 Payee name TCGOP Senate District 10 Convention	8 . ×	ZOI TA
6 Amount (\$) \$1,000.00	7 Payee address City; State; Zip Code 2400 Gravel Drive Fort Worth, TX 76118		FARRANT IS
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside Filing Fee	of Texas, complete Schedule T
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	O∰fice hel d ⊅
Date 12/26/2013	Payee name Texas Conservatives Unite PAC		
Amount (\$) \$729.99	Payee address City; State; Zip Code 1601 Campus Drive Hurst, TX 76054		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside Candidate Fair	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 08/20/2013	Payee name USPS - Postmaster		
Amount (\$) \$186.00	Payee address City; State; Zip Code P.O. Box 120988 Arlington, TX 76012		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside Post Office Box Rental	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 10/22/2013	Payee name USPS - Postmaster		
Amount (\$) \$138.00	Payee address City; State; Zip Code P.O. Box 120988 Arlington, TX 76012		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside Stamps/Postage	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

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 DE explains how to complete

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

		THE MAIROCHO	it Cobe explains	now to complete this	TOTTII.		
1 PAGE# Schedule: 4/4 Re	aport: 0/0	2 FILER NAME Nash, Barbara (I	Ms.)			3 ACCOU 000644	NT # (TEC filers)
	5 Payee name		,			00004-	404
4 Date 12/30/2013	Victory Stor						· -
6 Amount (\$)	7 Payee addres	ss City; Sta	te; Zip Code				
\$3,300.08		Oth Street					
8	(a) Category (Se	ee Categories listed at the t	op of this schedule)	(b) Description	(If travel outs	lde of Texas, com	plete Schedule T)
PURPOSE OF	Advertising	Expense		Signs			_
EXPENDITURE							
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office s	ought:	Office	held:
Date	Payee name Web Tech S						
12/09/2013 Amount (\$)	Payee addre		ite; Zip Code				
		Shady CreekDrive	ite, Zip Code				
\$310.00	Arlington, 7	TX 76013					
DURDOCE		ee Categories listed at the t	op of this schedule)	Description		ide of Texas, com	plete Schedule T)
PURPOSE OF	Advertising	Expense		Website N	laintenance		
EXPENDITURE							
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office s	ought:	Office	held:
]					R Y:	ELECTIONS I	ɔ ⊃{
					,	C	TARRANT
					1	ESE PA	5 55
					5 5	57	
						ADMINISTRATI	カ 一二
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					State		