Texas Ethics Commissi	on P.O. Box 12070	Austin, Texas 78711-2070	(512) 463	-5800 (TI	DD 1-800-735-2989)
		FION/AMENDMENT A NDIDATE/OFFICEH		/IT	OR-C/OH
1 ACCOUNT#	064484	2 Total pages filed:		OFFIC	E USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME		FIRST BARBARA VASH	MI  SUFFIX	Date Received	TA 2014
4 ORIGINAL REPORT TYPE	January 15 July 15 30th day before election 8th day before election	Runoff  Other (sj    Exceeded \$500 limit	pecify)	Date Hand-delivered Receipt #	
5 ORIGINAL PERIOD COVERED	Month Day 1 07/16/20	Year Month Day	Year 2013	Date Imaged	
NOTARY	SEAL MISS	ING			
7 AFFIDAVIT		swear, or affirm, under penalty eport is true and correct.	of perjury, th	nat this correc	cted
	c	Check ONLY if applicable:			
HS STATE	AN HEMA	Semiannual reports: This reports: This report semiannual report due on or a ment/correction is filed on or at report was filed, I swear, or affir n good faith and without an inte nformation contained in the rep Other reports (excluding set	after Septer fter the eigh m, that the c ent to mislea port.	mber 1, 2011 original repor ad or to misre	I. If amend- the original rt was made epresent the
HANNE RAMAL	5 201 min	September 1, 2011): I swear, or report not later than the 14th bu that the report as originally filed i or affirm, that any error or omis was made in good faith.	affirm, that usiness day is inaccurate ssion in the	I am filing thi after the da e or incomple report as ori	is corrected te I learned ete. I swear, ginally filed
AFFIX NOTARY S	TAMP / SEAL ABOVE	Signatu	ire of Candidate	e or Officeholde	r
	bed before me, by the said	BARBARA PARRISH NASH	, this the	17 day of	Janvary.
Shahna	certify which, witness my har	Shaling I tem	Gni	Nota	y affice
Signature of officer a	ummistering oath	Printed name of officer administering o	อสเท	ritle of offic	ceł administering oath
		n Any Part Of The Campaign I To Report And Explain Co		eport Form	

www.ethics.state.tx.us

Revised 09/01/2011

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	OFFICEHOLDER			FORM C/OH Cover Sheet pg 1
The C/OH Instruction Guin	DE explains how to complete this	s form. (E	CCOUNT # hics Commission filers) 0064484	2 PAGE # 1 of 9
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRS		М	OFFICE USE ONLY
NAME	Ms. Barb	ara		Date Received
	NICKNAME LAS Nast		SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE	#; CITY;	STATE; ZIP CODE	Date Hand-deftyered or Date Postmarked
Change of Address				
5 CAMPAIGN	MS/MRS/MR FIRS	ST	М	Date Processed
TREASURER NAME	О.К.			Date Imaged
	NICKNAME LAS Carte		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEAS	ie); APT / SUITE #;	CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM	IBER	EXTENSION	
8 REPORT TYPE	X January 15 30th	a day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth	day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year		Month Day	Year
	07/16/2013	THROUGH	12/31/20	13
10 ELECTION	ELECTION DATE Month Day Year 03/04/2014	ELECTION TYPE	Runoff	General Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known Tarrant County JP,	
		GO TO PAG	E 2	

Texas Ethics Commission

(512)463-5800 TDD 1-800-735-2989

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

13 C/OH NAME Nash,	, Barbara (Ms.)		14 ACCOUNT # (E 00064484	thics Commission filers)
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the car out the candidate's or officeholder's knowledge or consent. Candidate y receive notice of such expenditures	ndidate / officeholder. The as and officeholders are re	ese expenditures may equired to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	ELEC	ТА 2014
	GENERAL	COMMITTEE ADDRESS	STORS SKOL	AN REAL
		COMMITTEE CAMPAIGN TREASURER NAME		R SD
additional pages	s.	COMMITTEE CAMPAIGN TREASURER ADDRESS	RATOR	3 <u>4</u> 21 ≺
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	100.00
		P <b>OLITICAL CONTRIBUTIONS</b> THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,405.00
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	₽ <b>\$</b>	1,127.63
	4. TOTAL	POLITICAL EXPENDITURES	\$	10,444.40
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	45,391.82
OUTSTANDING LOAN TOTALS	LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00
17 AFFIDAVIT	T RAMZAN TRY PLOSE CONTRY PLOSE CONTRY CONTRY PLOSE CONTRY PLOSE CONTRY PLOSE CONTRY PLOSE C		all information require	d to be reported by
Sworn to and subscrib		<b>V</b>	5H, this the	<u>17 ·</u> day
or Jan Shahno Signature of officer adm	R Her	rtify which, witness my hand and seal of office.	Title of officer admini	avy office stering oath

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Nash,	Barbara (Ms.)		14 ACCOUNT 00064484	
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 y receive notice of such expenditures	Indidate / officehold	e These expenditures may sere required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		INN 17
		COMMITTEE ADDRESS		ANNE PAR
		COMMITTEE CAMPAIGN TREASURER NAME		1 1 Y 3: 24
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	100.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,405.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	<sup>ED</sup> \$	1,127.63
	4. TOTAL	POLITICAL EXPENDITURES	\$	10,444.40
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	45,391.82
OUTSTANDING LOAN TOTALS	LAST D/	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00
17 AFFIDAVIT	STAMP / SEAL ABO	RALADA PADA 1/	all information re	equired to be reported by
Shahne) Signature of officer adm	R He may	Print name of officer administering oath	Title of officer a	Hary officer.

SCHEDULE A

### **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

_	· ·				
		N GUIDE explains how to complete this form.		1 PAGE # cr. Schedule: 1/3	Report: 3/9
2	FILER NAME	Nash, Barbara (Ms.)			(Ethics Commission files)
4	Date	5 Full name of contributor D out-of-state PAC (ID# Barnett, Joe (Mr.)	ŧ)	7 Amount of contribution (\$)	8 in kind contribution description (if applicable)
	10/08/2013	6 Contributor address; City; State; Zip Code 1013 Rosewood Lane Arlington, TX 76010		\$100.00   	UHTY 4 3: 24 Strator
					exas, complete Schedule T)
9		ation / Job title (See Instructions) Iblic Policy Research	10 Employer (See In National Center	structions) for Policy Analysis	3 
	Date	Full name of contributor Dout-of-state PAC (ID# Baron, Carole	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/03/2013	Contributor address; City; State; Zip Code 1704 Camelllia Dr. Arlington, TX 76013	· · · · · · · · · · · · · · · · · · ·	\$50.00	
		-		(If travel outside of T	exas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
-	Date	Full name of contributor Dout-of-state PAC (ID) Hale, J. M. (Mr.)	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/2013	Contributor address; City; State; Zip Code 2916 Duff Arlington, TX 76013		 \$100.00   	
				(If travel outside of T	Fexas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID) Holly, Mary (Ms.)	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/2013	Contributor address; City; State; Zip Code 2306 Oak Manor Court Arlington, TX 76012		\$50.00 	
				(If travel outside of T	Fexas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	·	
_					
	Date	Full name of contributor Dout-of-state PAC (IDa Leach, Carol (Mrs.)	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/2013	Contributor address; City; State; Zip Code 123 Roma Drive Duncanville, TX 75116		\$50.00	
	Principal occur	pation / Job title (See Instructions)	Employer (Caralia	1	Texas, complete Schedule T)
	- nnoipaí occup		Employer (See In	istructions)	

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### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

		N GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3	Report: 4/9
2	FILER NAME	Nash, Barbara (Ms.)		<b>3</b> ACCOUNT # (8 00064484	Ethics Commission filers)
4	Date	5 Full name of contributor D out-of-state PAC (ID# Maddox, Helen (Ms.)	)	7 Amount of the contribution (\$)	description (If applicable)
	08/27/2013	6 Contributor address; City; State; Zip Code 3412 Woodford Dr Arlington, TX 76013		\$200.00	RANT CI JAN 17 I STEVE RAN
	- Data da a da a da a da		10 Euclass (0		and a second sec
9		ation / Job title (See Instructions)	10 Employer (See In	structions)	н 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Date	Full name of contributor Dout-of-state PAC (ID# Maddox, Helen (Ms.)	)	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	
				(If travel outside of Te	xas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		
				,	
	Date	Full name of contributor Dout-of-state PAC (ID# Mathis, Priscilla (Ms.)	)	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	
				(If travel outside of Te	exas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor Dout-of-state PAC (ID# Pell, Delores (Mrs.)	:)	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	
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	1	xas, complete Schedule T)
	Date	Full name of contributor D out-of-state PAC (ID#		Amount of	In-kind contribution
		Perkins, Shanda (Ms.)	······································	contribution (\$)	description (if applicable)
	10/08/2013	Contributor address; City; State; Zip Code P. O. Box 743 Burleson, TX 76097	·····	\$50.00 	
				(If travel outside of Te	xas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In		
				,	
					Electronic Filing Version 3.4.5

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

_					
	The Instructio	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3	3 Report: 5/9
2	FILER NAME	Nash, Barbara (Ms.)		3 ACCOUNT # 00064484	(Ethics Commission filers)
4	Date	5 Full name of contributor D out-of-state PAC (ID# Seaman, Margaret (Ms.)	)		b 8 r]n-kind contribution description (ff applicable)
	10/08/2013	<b>6</b> Contributor address; City; State; Zip Code 1018 Live Oak Lane Arlington, TX 76012		\$50.00	RAHT CE JAN 17 P
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	NTY 3: 21 JTRATO
	Date	Full name of contributor Dout-of-state PAC (ID# Stone, Matthew (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/2013	Contributor address; City; State; Zip Code 1206 Riverchase Lane #249 Arlington, TX 76011		\$30.00	 
		·		<u> </u>	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor D out-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution
		Verkest, Judy		contribution (\$)	description (if applicable)
	10/08/2013	Contributor address; City; State; Zip Code 2402 N. Hunter Place Lane Arlington, TX 76006		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
·	Date	Full name of contributor D out-of-state PAC (ID# Wright, Eberta (Ms.)	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/27/2013	Contributor address; City; State; Zip Code 717 Briarwood Arlington, TX 76013		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	bation / Job title (See Instructions)	Employer (See In		, <b></b>

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

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#### POLITICAL EXPENDITURES

#### SCHEDULE F

Advertising Exper Accounting/Banki Consulting Expen Event Expense Fees	ng Legal Services Solicitation/Fundraisi se Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Rer The INSTRUCTION GUIDE explains how to	tract Labor Loan Repayme ing Expense Transportation Contributions/D t Candidate/O ntal Expense OTHER (enter	nt/Reimbursement Equipment & Related Expense Jonations Made By Miceholder/Political Committee a category not listed above)
1 PAGE #	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/4 Re	- Neet Deshare (Mar.)		00064484
4 Date	5 Payee name		
07/16/2013	Cannon, Gail (Ms.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
6 Amount (\$) \$500.00	2018 North St. Andrews Court Arlington, TX 76012		E 21
8	(a) Category (See Categories listed at the top of this schedule)		of Texas complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract Labor	TS J RT
			RE AR ST
			<u> </u>
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			25 <b>-</b> 60
Date	Payee name Capital Extension Ciff Shop		TR 3:
11/19/2013	Capitol Extension Gift Shop		N N K
Amount (\$)	Payee address City; State; Zip Code		OR
\$227.33	1400 N. Congress Avenue		8
	E1.006 Austin, TX 78701		τ
PUPPega	Category (See Categories listed at the top of this schedule)	1 · ·	of Texas, complete Schedule T)
PURPOSE	Gifts/Awards/Memorials Expense	Gifts for Silent Auctions	
EXPENDITURE			
			A17- 1-1-
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
09/26/2013	Discount Mugs		
Amount (\$)	Payee address City; State; Zip Code		
\$405.00	6905 N. W. 25th St.		
φ405.00	Miami, FL 33178		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Advertising Expense	Campaign Pens	
LA LADITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
10/07/2013	J. Gilligan's		
Amount (\$)	Payee address City; State; Zip Code		
\$200.00	400 E. Abram		
	Arlington, TX 76010		
			·
DUDDOGT	Category (See Categories listed at the top of this schedule)	1 · · ·	of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Fundraiser	
EXPENDITURE			
	0		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			· · · ·

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POLITIC	AL EXPENDITURES		SCHEDULE F
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fundrai	ntract Labor Loan Repaymon sing Expense Transportation Contributions/I ct Candidate/C ental Expense OTHER (enter	ent/Reimbursement I Equipment & Related Expense Donations Made By Officeholder/Political Committee a category not listed above)
1 PAGE # Schedule: 2/4 Re	2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (TEC filers) 00064484
4 Date 11/14/2013	5 Payee name Mesa Media		·
6 Amount (\$) \$836.46	7 Payee address City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside Push Cards	of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Coffice held: RR A
Date 10/28/2013	Payee name Office Max		
Amount (\$)	Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
\$133.91	1303 North Collins St Suite 501 Arlington, TX 76011		M 3: 24 USTRATO
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside Toner	of Texas, complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name Republican Woman of Arlington		
10/25/2013 Amount (\$)	Republican Women of Arlington Payee address City; State; Zip Code		
\$350.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside Contribution	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 09/11/2013	Payee name TCGOP Senate District 10 Convention		·····
Amount (\$)	Payee address City; State; Zip Code	M	
\$1,000.00	2400 Gravel Drive Fort Worth, TX 76118		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside Lincoln Council	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

#### POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Consulting Expense Event Expense Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE # FILER NAME 2 Nash, Barbara (Ms.) 00064484 Schedule: 3/4 Report: 8/9 5 Payee name 4 Date 11/13/2013 TCGOP Senate District 10 Convention 6 Amount (\$) Payee address City; State; Zip Code 7 2400 Gravel Drive \$1,000.00 Fort Worth, TX 76118 (If travel outside of (b) Description (a) Category (See Categories listed at the top of this schedule) rexas, complete Schedule T) 8 PURPOSE Contributions/Donations Made By Candidate/Officeholder/Political Committee LECT Filing Fee ~ OF 1 EXPENDITURE 0 9 Complete ONLY if Office held Candidate / Officeholder name Office sought: direct expenditure 72 to benefit C/OH ୍ 1 Date Pavee name - 5 in **Texas Conservatives Unite PAC** 12/26/2013 RATOR Payee address City; State; Amount (\$) Zip Code 1 2 1601 Campus Drive \$729.99 Hurst, TX 76054 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description PURPOSE Solicitation/Fundraising Expense Candidate Fair OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name USPS - Postmaster 08/20/2013 Payee address City; State; Zip Code Amount (\$) P.O. Box 120988 \$186.00 Arlington, TX 76012 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE Office Overhead/Rental Expense Post Office Box Rental OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name **USPS - Postmaster** 10/22/2013 Payee address Amount (\$) City; State; Zip Code P.O. Box 120988 \$138.00 Arlington, TX 76012 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Office Overhead/Rental Expense Stamps/Postage OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

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Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

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#### POLITICAL EXPENDITURES

#### SCHEDULE F

			· · · · · · · · · · · · · · · · · · ·
Advertising Exper Accounting/Banki Consulting Exper Event Expense Fees	ng Legal Services Solicitation/Fun se Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D	/Contract Labor Loa draising Expense Tra t Cor istrict C d/Rental Expense OTI	In Repayment/Reimbursement nsportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 PAGE # Schedule: 4/4 Re	port: 9/9 2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (TEC filers) 00064484
4 Date 12/30/2013	5 Payee name Victory Store.com		
6 Amount (\$) \$3,300.08	7 Payee address City; State; Zip Code 5200 SW 30th Street Davenport, IA 52802		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Signs	ivel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 12/09/2013	Payee name Web Tech Services		
Amount (\$) \$310.00	Payee address City; State; Zip Code 3709 South Shady CreekDrive Arlington, TX 76013		
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If tra Website Mainten	avel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought:	Office held:
EXPENDITURE Complete ONLY if direct expenditure			
EXPENDITURE Complete ONLY if direct expenditure			Office held:
EXPENDITURE Complete ONLY if direct expenditure			Office held:
EXPENDITURE Complete ONLY if direct expenditure			Office held:
EXPENDITURE Complete ONLY if direct expenditure			Office held: