

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) 00064484 | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: MS. FIRST: BARBARA MI: _____ NICKNAME: _____ LAST: NASH SUFFIX: _____ | <div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received: _____ BY: _____ FILED TARRANT COUNTY 2015 JUL 15 PM 1:47 FRANK PHILLIPS ELECTIONS ADMINISTRATOR Date Hand-delivered or Postmarked: _____ Receipt # _____ Date Processed: _____ Date Imaged: _____ </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: O.K. MI: _____ NICKNAME: _____ LAST: CARTER SUFFIX: _____ | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ | | |
| 9 REPORT TYPE | <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) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 01 / 01 / 2015 04 30 / 15 | | |
| 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) | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

BARBARA NASH

15 Filer ID (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

BY:

FR

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

2015 JUL 15 PM 1:47

FILED
TARRANT COUNTY

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

\$ 95.08

4. TOTAL POLITICAL EXPENDITURES

\$ 5645.07

CONTRIBUTION
BALANCE

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

\$ 6774.76

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



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 *15*

day of *July*, 20*15*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

FILED
TARRANT COUNTY
2015 JUL 15 PM 1:47
ELECTIONS ADMINISTRATOR
BY: [Signature]

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Paid Drafting Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|-------------------------------------|-----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME: BARBARA NASH | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|-----------------------------------|---------------------------------------|

| | |
|------------------------|---|
| 4 Date: 3-26-15 | 5 Payee name: GLORIA PENA CAMPAIGN |
|------------------------|---|

| | |
|--------------------------------|---|
| 6 Amount (\$): \$200.00 | 7 Payee address; City; State; Zip Code: P.O. BOX 172648, ARLINGTON, TX 76003 |
|--------------------------------|---|

| | | |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule): CONTRIBUTION | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|----------------------|--|
| Date: 4-18-15 | Payee name: REPUBLICAN WOMEN OF ARLINGTON |
|----------------------|--|

| | |
|---------------------------|--|
| Amount (\$): \$200 | Payee address; City; State; Zip Code: P.O. BOX 14317, ARLINGTON, TX 76012 |
|---------------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule): CONTRIBUTION | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|--|

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

| | |
|---------------------|--|
| Date: 6-4-15 | Payee name: AMERICAN REFORM COALITION |
|---------------------|--|

| | |
|-----------------------------|--|
| Amount (\$): \$1500. | Payee address; City; State; Zip Code: 1005 CONGRESS W. SUITE 380 AUSTIN |
|-----------------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule): DONATION | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|--|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

FILED
 TARRANT COUNTY
 2015 JUN 15 PM 4:47
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR
 BY: *DR*

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|--|
| 1 Total pages Schedule F1: <i>3</i> | 2 FILER NAME <i>BARBARA NASH</i> | 3 Filer ID (Ethics Commission Filers) <i>00064484</i> |
|--|-------------------------------------|--|

| | |
|--------------------------|--|
| 4 Date <i>2-11-15</i> | 5 Payee name <i>REPUBLICAN WOMEN OF ARLINGTON</i> |
|--------------------------|--|

| | |
|--------------------------------|--|
| 6 Amount (\$) <i>\$100.</i> | 7 Payee address; City; State; Zip Code <i>P.O. BOX 14317, ARLINGTON, TX 76094</i> |
|--------------------------------|--|

| | | |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>DONATION</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|---|
| Date <i>2-13-15</i> | Payee name <i>JUDGE CHUPA CAMPAIGN</i> |
|------------------------|---|

| | |
|--------------------------------|---|
| Amount (\$) <i>2,000.00</i> | Payee address; City; State; Zip Code <i>P.O. BOX 120788, ARLINGTON, TX 76012</i> |
|--------------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>CONTRIBUTION</i> | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|--|
| Date <i>3-26-15</i> | Payee name <i>ARLINGTON REPUBLICAN CLUB</i> |
|------------------------|--|

| | |
|-----------------------------|---|
| Amount (\$) <i>40.00</i> | Payee address; City; State; Zip Code <i>14095, ARLINGTON, TX 76094</i> |
|-----------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>DONATION</i> | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 2 FILER NAME BARBARA NASH 3 Filer ID (Ethics Commission Filers) 00064484

4 Date 1-9-15 5 Payee name TARRANT COUNTY REPUBLICAN PARTY

6 Amount (\$) 1,000.⁰⁰ 7 Payee address; City; State; Zip Code 2405 GRAVEL DR, FORT WORTH, TX 76118

| | | |
|------------------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | | |

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

| | | |
|-------------|--------------------------------------|---|
| Date | Payee name | BY: <u>[Signature]</u> FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2015 JUL 15 PM 1:47 TARRANT COUNTY FILED |
| Amount (\$) | Payee address; City; State; Zip Code | |

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | | |

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

| | |
|-------------|--------------------------------------|
| Date | Payee name |
| Amount (\$) | Payee address; City; State; Zip Code |

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | | |

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

| | |
|-------------|--------------------------------------|
| Date | Payee name |
| Amount (\$) | Payee address; City; State; Zip Code |

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | | |

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | | |
|---------------------------------------|---|---|---|
| 1 Total pages Schedule I: 1 | 2 FILER NAME BARBARA NASH | | 3 Filer ID (Ethics Commission Filers) 00064484 |
| 4 Date 4-27-15 | 5 Payee name PURPLE MARTIN HANDLORDS OF NORTH TEXAS | | |
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code i | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) DONATION | (b) Description (See instructions regarding type of information required.) | |
| Date 5-22-15 | Payee name SALVATION ARMY | | FILED TARRANT COUNTY 2015 JUL 15 PM 1:47 FRANK PHILLIPS ELECTIONS ADMINISTRATOR BY: [Signature] |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) DONATION | Description (See instructions regarding type of information required.) | |
| Date 4-16-15 | Payee name TOM THUMB FLOWERS | | |
| Amount (\$) 55.08 | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) RWA | Description (See instructions regarding type of information required.) FLOWERS FOR SCHOLARS | |
| Date 4-23 | Payee name ARLINGTON LIFE SHELTER | | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) DONATION | Description (See instructions regarding type of information required.) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED