

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

13 C/OH NAME Nash, Barbara (Ms.)

14 ACCOUNT # (Ethics Commission filers)
00064484

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	BY: _____ STEVE NASH ELECTIONS ADMINISTRATOR 2014 JAN 15 PM 2:12 TARRANT COUNTY FILED
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 100.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 1,405.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$ 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 PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

17 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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Barbara Parrish Nash, this the 15 day of January, 2014, to certify which, witness my hand and seal of office.

Shahroz R Hemani Shahroz R Hemani Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 3/9	
2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00064484	
4 Date 10/08/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnett, Joe (Mr.) 6 Contributor address; City; State; Zip Code 1013 Rosewood Lane Arlington, TX 76010	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable) ELECTIONS 2014 JAN 16 PM 2:02 TARRANT COUNTY FILED
9 Principal occupation / Job title (See Instructions) Director of Public Policy Research		10 Employer (See Instructions) National Center for Policy Analysis	
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baron, Carole Contributor address; City; State; Zip Code 1704 Camellia Dr. Arlington, TX 76013	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hale, J. M. (Mr.) Contributor address; City; State; Zip Code 2916 Duff Arlington, TX 76013	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holly, Mary (Ms.) Contributor address; City; State; Zip Code 2306 Oak Manor Court Arlington, TX 76012	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leach, Carol (Mrs.) Contributor address; City; State; Zip Code 123 Roma Drive Duncanville, TX 75116	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/9	
2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00064484	
4 Date 08/27/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maddox, Helen (Ms.) 6 Contributor address; City; State; Zip Code 3412 Woodford Dr Arlington, TX 76013	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maddox, Helen (Ms.) Contributor address; City; State; Zip Code 3412 Woodford Dr Arlington, TX 76013	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathis, Priscilla (Ms.) Contributor address; City; State; Zip Code P.O. Box 800168 Arlington, TX 76007	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pell, Delores (Mrs.) Contributor address; City; State; Zip Code 3703 Dustin Trail Dalworthington Gardens, TX 76016	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perkins, Shanda (Ms.) Contributor address; City; State; Zip Code P. O. Box 743 Burleson, TX 76097	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

FILED
 GRANT COUNTY
 JAN 15 PM 2:13
 STEVE RADZIWILO
 ELECTIONS ADMINISTRATOR

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/4 Report: 6/9	2 FILER NAME Nash, Barbara (Ms.)	3 ACCOUNT # (TEC filers) 00064484
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4 Date 07/16/2013	5 Payee name Cannon, Gail (Ms.)
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6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 2018 North St. Andrews Court Arlington, TX 76012
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor <input type="checkbox"/>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/19/2013	Payee name Capitol Extension Gift Shop
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Amount (\$) \$227.33	Payee address City; State; Zip Code 1400 N. Congress Avenue E1.006 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) Gifts for Silent Auctions <input type="checkbox"/>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/26/2013	Payee name Discount Mugs
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Amount (\$) \$405.00	Payee address City; State; Zip Code 6905 N. W. 25th St. Miami, FL 33178
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Pens <input type="checkbox"/>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/07/2013	Payee name J. Gilligan's
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Amount (\$) \$200.00	Payee address City; State; Zip Code 400 E. Abram Arlington, TX 76010
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Fundraiser <input type="checkbox"/>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/4 Report: 7/9		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 P.O. Box 30911 Austin, TX 78703				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Push Cards		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/28/2013	Payee name Office Max				
Amount (\$) \$133.91	Payee address City; State; Zip Code 1303 North Collins St Suite 501 Arlington, TX 76011				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Toner		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/25/2013	Payee name Republican Women of Arlington				
Amount (\$) \$350.00	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) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution		
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 (\$) \$1,000.00	Payee address City; State; Zip Code 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 of Texas, complete Schedule T) <input type="checkbox"/> Lincoln Council		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

RECEIVED
 ELECTIONS
 ADMINISTRATION
 5 PM 2:13
 FILED
 ARLINGTON COUNTY

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/4 Report: 8/9	2 FILER NAME Nash, Barbara (Ms.)	3 ACCOUNT # (TEC filers) 00064484
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4 Date 11/13/2013	5 Payee name TCGOP Senate District 10 Convention
6 Amount (\$) \$1,000.00	7 Payee address City; State; Zip Code 2400 Gravel Drive Fort Worth, TX 76118

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 of Texas, complete Schedule T) <input type="checkbox"/> Filing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 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 of Texas, complete Schedule T) <input type="checkbox"/> Candidate Fair
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 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 of Texas, complete Schedule T) <input type="checkbox"/> Post Office Box Rental
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 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 of Texas, complete Schedule T) <input type="checkbox"/> Stamps/Postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/4 Report: 9/9	2 FILER NAME Nash, Barbara (Ms.)	3 ACCOUNT # (TEC filers) 00064484
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4 Date 12/30/2013	5 Payee name Victory Store.com
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6 Amount (\$) \$3,300.08	7 Payee address City; State; Zip Code 5200 SW 30th Street Davenport, IA 52802
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signs
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/09/2013	Payee name Web Tech Services
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Amount (\$) \$310.00	Payee address City; State; Zip Code 3709 South Shady Creek Drive Arlington, TX 76013
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9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Maintenance
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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RY:
 STEVE RABORN
 ELECTIONS ADMINISTRATOR
 2014 JAN 15 PM 2:13
 TARRANT COUNTY
 FILED