

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT  
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT # <u>00064484</u>		2 Total pages filed:	OFFICE USE ONLY  Date Received BY: <b>DF</b> ELECTIONS ADMINISTRATOR 2014 JAN 17 TARRANT COUNTY FILED Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <u>BARBARA</u> NICKNAME LAST <u>NASH</u>	MI SUFFIX	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify) _____		
5 ORIGINAL PERIOD COVERED	Month Day Year <u>07/16/2013</u> THROUGH <u>12/31/2013</u>		
6 EXPLANATION OF CORRECTION			

NOTARY SEAL MISSING

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



**Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 17 day of January

20 14, to certify which, witness my hand and seal of office.

Shahnaz Ramzan Hemani Shahnaz Ramzan Hemani Notary office  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**



# 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:  ELECTIONS ADMINISTRATOR STEVEN BARON 2014 JAN 17 PM 3 24 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 17 day of Jan, 2014, to certify which, witness my hand and seal of office.

Shahnoz R Hemani Shahnoz R Hemani Notary office  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# 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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

FILED  
 GRANT COUNTY  
 JAN 17 PM 3:24  
 STEVE LADONN  
 ELECTIONS ADMINISTRATOR

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 17 day of Jan, 2014, to certify which, witness my hand and seal of office.

Shahnaz R Hemani  
Signature of officer administering oath

Shahnaz R Hemani  
Print name of officer administering oath

Notary officer.  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

FILED  
 TARRANT COUNTY  
 JAN 17 PM 3:20  
 STEVE RABIN  
 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.

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

FILED  
 TARRANT COUNTY  
 JAN 17 PM 3:24  
 STEVE JAMMON  
 ELECTIONS ADMINISTRATOR

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/4 Report: 7/9		<b>2 FILER NAME</b> Nash, Barbara (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00064484	
<b>4 Date</b> 11/14/2013	<b>5 Payee name</b> Mesa Media				
<b>6 Amount (\$)</b> \$836.46	<b>7 Payee address City; State; Zip Code</b> P.O. Box 30911 Austin, TX 78703				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Advertising Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Push Cards		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/28/2013	<b>Payee name</b> Office Max				
<b>Amount (\$)</b> \$133.91	<b>Payee address City; State; Zip Code</b> 1303 North Collins St Suite 501 Arlington, TX 76011				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Toner		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/25/2013	<b>Payee name</b> Republican Women of Arlington				
<b>Amount (\$)</b> \$350.00	<b>Payee address City; State; Zip Code</b> P.O. Box 14317 Arlington, TX 76012				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Contribution		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 09/11/2013	<b>Payee name</b> TCGOP Senate District 10 Convention				
<b>Amount (\$)</b> \$1,000.00	<b>Payee address City; State; Zip Code</b> 2400 Gravel Drive Fort Worth, TX 76118				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Lincoln Council		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:

FILED  
 TARRANT COUNTY  
 2013 JAN 17 PM 3:24  
 STEVE RABORN  
 ELECTIONS ADMINISTRATOR  
 BY:

# 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.

<b>1</b> PAGE # Schedule: 3/4 Report: 8/9		<b>2</b> FILER NAME Nash, Barbara (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00064484	
<b>4</b> Date 11/13/2013	<b>5</b> Payee name TCGOP Senate District 10 Convention				
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address City; State; Zip Code 2400 Gravel Drive Fort Worth, TX 76118				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Filing Fee		
	Candidate / Officeholder name		Office sought:	Office held:	
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				
<b>8</b> 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		
	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				
<b>8</b> 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		
	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				
<b>8</b> 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		
	Candidate / Officeholder name		Office sought:	Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 4/4 Report: 9/9	<b>2</b> FILER NAME Nash, Barbara (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00064484
----------------------------------------------	--------------------------------------------	---------------------------------------------

<b>4</b> Date 12/30/2013	<b>5</b> Payee name Victory Store.com
-----------------------------	------------------------------------------

<b>6</b> Amount (\$) \$3,300.08	<b>7</b> Payee address City; State; Zip Code 5200 SW 30th Street Davenport, IA 52802
------------------------------------	--------------------------------------------------------------------------------------------

<b>8</b> 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
---------------------------------	-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

<b>9</b> 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 Creek Drive Arlington, TX 76013
-------------------------	--------------------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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
-------------------------------	-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

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

FILED  
 TARRANT COUNTY  
 2014 JAN 17 PM 3:24  
 STEVE RABORN  
 ELECTIONS ADMINISTRATOR  
 BY: \_\_\_\_\_