

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 PAGE # 1 of 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Barbara	MI
	NICKNAME	LAST Nash	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	OFFICE USE ONLY Date Received BY: <i>AS</i> ELECTIONS ADMINISTRATION 2014 FEB 24 11:32 AM TARRANT COUNTY FILED Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST OK	MI
	NICKNAME	LAST Carter	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month Day Year		Month Day Year
	01/24/2014		02/22/2014
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	03/04/2014		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
GO TO PAGE 2			

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

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,787.41

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. **TOTAL POLITICAL EXPENDITURES** \$ 9,197.17

CONTRIBUTION BALANCE

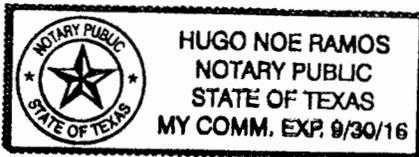
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 39,769.65

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 Nash, this the 24th day of February, 2014, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Hugo Noe Ramos
Print name of officer administering oath

Notary Public
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 # 3 of 9	
2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00064484	
4 Date 02/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bullington-Upton, Cynthia 6 Contributor address; City; State; Zip Code 1012 Walnut Dr Arlington, TX 76012	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dougherty, Sharon Contributor address; City; State; Zip Code 507 Giltin Arlington, TX 76006	Amount of contribution (\$) \$312.41	In-kind contribution description (if applicable) Southern Recipes Grill - Meet & Greet Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Galando, Amy Contributor address; City; State; Zip Code PO Box 2553 Arlington, TX 76004	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kautz, Roland Contributor address; City; State; Zip Code 1102 S Bowen Rd Arlington, TX 76016	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laird, Steve Contributor address; City; State; Zip Code 7979 Chartwell Lane Fort Worth, TX 76120	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (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 # 4 of 9	
2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00064484	
4 Date 01/30/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maddox, Helen 6 Contributor address; City; State; Zip Code 3412 Woodford Arlington, TX 76013	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maddox, Helen Contributor address; City; State; Zip Code 3412 Woodford Arlington, TX 76013	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Gary Contributor address; City; State; Zip Code PO Box 81588 Arlington, TX 76015	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saucier, Barbara Contributor address; City; State; Zip Code PO Box 13260 Arlington, TX 76094	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smotherman, Thad Contributor address; City; State; Zip Code 2300 Panorama Ct Arlington, TX 76016	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 # 5 of 9	2 FILER NAME Nash, Barbara (Ms.)	3 ACCOUNT # (TEC filers) 00064484
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4 Date 02/07/2014	5 Payee name Walker, Shelli
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6 Amount (\$) \$1,000.00	7 Payee address City; State; Zip Code 703 Viewside Circle Arlington, TX 76011
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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) <input type="checkbox"/> Campaign Consulting
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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 02/21/2014	Payee name Walker, Shelli
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 703 Viewside Circle Arlington, TX 76011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Consulting
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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 02/07/2014	Payee name Walker, Zack
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Amount (\$) \$100.00	Payee address City; State; Zip Code 703 Viewside Circle Arlington, TX 76011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signs,event set-up
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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 02/21/2014	Payee name Walker, Zack
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Amount (\$) \$100.00	Payee address City; State; Zip Code 703 Viewside Circle Arlington, TX 76011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> signs,event set-up
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 # 6 of 9		2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (TEC filers) 00064484	
4 Date 02/11/2014		5 Business name Arlington Life Shelter			
6 Amount (\$) \$200.00		7 Business address City; State; Zip Code 325 W. Division St. Arlington, TX 76011			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Office - holder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/05/2014		Business name ATT			
Amount (\$) \$115.02		Business address City; State; Zip Code 1002 Collins St Arlinton, TX 76012			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - office supplies		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/24/2014		Business name Birds Copies			
Amount (\$) \$259.20		Business address City; State; Zip Code 208 S East St Arlington, TX 76010			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fliers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/18/2014		Business name Kroger			
Amount (\$) \$51.91		Business address City; State; Zip Code 945 W. Lamar Arlington, TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - gas		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gas	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 # 7 of 9		2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (TEC filers) 00064484	
4 Date 02/19/2014		5 Business name Midtown Printing & Graphics			
6 Amount (\$) \$4,748.05		7 Business address City; State; Zip Code 7720 University Ave. Lubbock, TX 79423			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing costs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/14/2014		Business name Office Max			
Amount (\$) \$79.07		Business address City; State; Zip Code 501 North Collins Arlington, TX 76011			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies,printer cartridges	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/18/2014		Business name Office Max			
Amount (\$) \$146.40		Business address City; State; Zip Code 501 N Collins Arlington, TX 76011			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies,paper,envelopes	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/05/2014		Business name TCGOP			
Amount (\$) \$350.00		Business address City; State; Zip Code 2405 Gravel Drive Fort Worth, TX 76118			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Booth - Lincoln Day Dinner	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 # 8 of 9		2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (TEC filers) 00064484	
4 Date 02/05/2014	5 Business name TFRW				
6 Amount (\$) \$115.02	7 Business address City; State; Zip Code 515 S Capital of Texas Hwy Westlake Hill, TX 78746				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> TFRW Board of Directors Meeting in Austin		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/28/2014	Business name US Post Office				
Amount (\$) \$215.00	Business address City; State; Zip Code 1009 Oakwood Arlington, TX 76012				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage for mailings		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/21/2014	Business name US Post Office				
Amount (\$) \$6.80	Business address City; State; Zip Code 1009 Oakwood Arlington, TX 76012				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postcard postage		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/21/2014	Business name US Postal				
Amount (\$) \$98.00	Business address City; State; Zip Code 1009 Oakwood Arlington, TX 76012				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage for mailings		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 # 9 of 9		2 FILER NAME Nash, Barbara (Ms.)		3 ACCOUNT # (TEC filers) 00064484	
4 Date 01/31/2014	5 Business name Vista Print				
6 Amount (\$) \$112.70	7 Business address City; State; Zip Code 95 Hayden Ave. Lexington, MA 02421				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing Fliers		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/20/2014	Business name Web-Tech				
Amount (\$) \$400.00	Business address City; State; Zip Code 3709 South Shady Creek Dr Arlington, TX 76013				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> web hosting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/20/2014	Business name Wells Fargo				
Amount (\$) \$100.00	Business address City; State; Zip Code 2000 North Collins Arlington, TX 76011				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Gift Cards for Poll Workers		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	