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)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	Mi	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Andy		Date Received
	Nickname Last Nguyen	SUFFIX	E1 2
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered of Postmarked
change of address			Receipt # Amduht
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	Ms/Mrs/Mr First Mr. Fom	MI	Date Imaged CO
	nickname last H a	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	EXTÉNSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
·	X July 15 Sth day before election	Exceeded \$500	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 06 / 30 /	2014
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (If any) Tarrant County Commissioner Pct. 2	13 OFFICE SOUGHT (If known)	
	GOTOPAC	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

	·						
14 C/OH NAME			15 ACC	OUNT#	(Ethics (Commissi	ion Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HOVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S O	R OFFICE	HOLDER'S	KNOWLED	GE OR
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
				*	ELEC	23	7
		COMMITTEE CAMPAIGN TREASURER NAME			50	<u></u>	البات
additional pages					15 CZ	1	E
		COMMITTEE CAMPAIGN TREASURER ADDRESS			1750	<u>(/)</u>	
		O MAN TEE O THE MONTH THE		i	F 18	7	겁니
					<u> </u>		
					prited in the	150	arian arang
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		\$	energy Carlo Park	ထ	****
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	9038.	00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED	\$:
	4. TOTAL	POLITICAL EXPENDITURES		\$	23,106	.13	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY	\$	19620	.32	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE	\$			-
18 AFFIDAVIT	AMANDA NOTARY PU STATE OF T My Comm. Exp. 00	IBLIC EXAS	II informa	tion req	uired to		
AFFIX NOTARY STAM		n					
Sworn to and subs	scribed before of <u>ブル</u> ィ	me, by the said <u>Andy Nguyen</u> , 20 14 , to certify which, witness	my han	nd and	, t i seal	his the	e ce.
Pormorely	h	Amanda Au	Ę	xecul	ive f	tosisto	int_
Signature of officer admi	inistering oath	Printed name of officer administering oath	Title	e of offi	cer admi	nistering	j oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

<u> </u>					
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sci	nedule A: 1/5
2	FILER NAME	Andy Nguyen			Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution
	02/24/2014	Harris, Chris			description (if applicable)
		6 Contributor address; City; State; Zip Code		\$1000.00	1 25 W OF
		309 East Broad Street			1 = = = = = = = = = = = = = = = = = = =
		Mansfield, TX 76063		(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I		
	Attorriey		Harris Cook,	LLP	CO
	Date	Full name of contributor	}	Amount of	In-kind contribution
		Dang, Hung & Lan		contribution (\$)	description (if applicable)
	02/24/2014	Contributor address; City; State; Zip Code		\$100.00	
		1410 Normandy Lane			1
		Allen,TX 75002		(If travel outside	of Texas, complete Schedule T)
	Principal occup Self-Emple	pation / Job title (See Instructions) Dyed	Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	02/27/2014	Steve Meeks	•	contribution (\$)	description (if applicable)
	02/21/2014	Contributor address; City; State; Zip Code		\$1000.00	
		1125 Hidden Oaks Dr.			[
		Bedford,TX 76022		(If travel outside	of Texas, complete Schedule T)
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See I Linebarger (
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
		Pham, Nam		contribution (\$)	description (if applicable)
	02/27/2014	Contributor address; City; State; Zip Code		\$50.00	/
		5 Bayside Rd			
		Quincy, MA 02171		(If toward outside	of Texas, complete Schedule T)
-	Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete schedule i)
	Self-Emplo				
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	03/19/2014	Conley, Jackie		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code		\$250.00	
		5125 N Broadway			
		Chicago, IL 60640		(If topy and an about the	of Toyon, complete Schodule Ti
	Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
-	-				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 2/5	edule A:
2	FILER NAME	Andy Nguyen		3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
		Ogle - Ciyde		contribution (\$)	description (# applicable)
	04/14/2014	6 Contributor address; City; State; Zip Code		\$100.00	1 30 8 2-
		1807 Park Hill Dr.			PE O TH
_		Arlington, TX 76012		L	of Texas, complete Schedule T)
9	Self-Empl		10 Employer (See I	nstructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Nguyen, Luan & Hanh		CONTRIBUTION (4)	description (ii applicable)
	04/14/2014	Contributor address; City; State; Zip Code		200.00	*
		2218 Fairview			
		Fort Worth, TX 76111		(15 travel autoide	of Toyan angulata Sahadula Ti
	Principal occur	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
	Self-Emp				
	Date	Full name of contributor		Amount of	In-kind contribution
		Baker, Mark & Rita		contribution (\$)	description (if applicable)
	04/14/2014	Contributor address; City; State; Zip Code		\$100.00	
		6317 Pamlico] [
		Fort Worth, TX 76116		(If travel outside	l of Texas, complete Schedule T)
	Principal occur Medical I	pation / Job title (See Instructions) Octor	Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
		Palmarozzi, Elizabeth		contribution (\$)	description (if applicable)
(04/14/2014	Contributor address; City; State; Zip Code		\$100.00	
		6745 East Park Dr.			
		Fort Worth, TX 76132		(If the subside of	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedule 1)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
		Froelich, James & Deidre		contribution (\$)	description (if applicable)
(04/14/2014	Contributor address; City; State; Zip Code		\$100.00	
		407 Jo Aynn Circle		\$100.00	
		Bonham, TX 75418			
	Disale I -				of Texas, complete Schedule T)
	Medical D	pation / Job title (See Instructions) octor	Employer (See I	nstructions)	
				* · · · · · · · · · · · · · · · · · · ·	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

if contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 3/5	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Andy Nguyen		£2	日星草
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Guevara, Alex & Rosalinda		contribution (\$)	description (if applicable)
04/14/2014	6 Contributor address; City; State; Zip Code		\$ 100.00	
	801 Laurel Oaks Lane			
	Colleyville, TX 76034		(If travel outside	l of Téxas, complete Schedule T)
9 Principal occup Medical D	pation / Job title (See Instructions)	10 Employer (See I	L	5
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Czewski, Jim		contribution (\$)	description (if applicable)
04/14/2014			\$100.00	
-	Contributor address; City; State; Zip Code			
	9004 Crest Ridge Ct.			
	Fort Worth, TX 76179		(If travel outside o	of Texas, complete Schedule T)
Principal occup Medical D	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Gavras, Chris		contribution (\$)	description (if applicable)
04/14/2014	Contributor address; City; State; Zip Code		\$250.00	
	1301 Throckmorton #2105			
	Fort Worth, TX 76102			
			<u>`</u>	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	mstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
04/14/2014	English, Roy		contribution (\$)	description (if applicable)
3 I ZV I T	Contributor address; City; State; Zip Code		\$500.00	
	514 Oak Forest Ct.			
	Kennedale, TX 76060			
Principal case	pation / Job title (See Instructions)	Employer (See I	A	of Texas, complete Schedule T)
- molpai occup	Serior / DOD rate (DOE HISHINGHIS)	Employer (See)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
0414410044	Good Government Fund		contribution (\$)	description (if applicable)
04/14/2014	Contributor address; City; State; Zip Code		\$2000.00	
	201 Main Street			
	Fort Worth, TX 76102			
Dala da da		F1		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	mstructions)	
		L		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070 **POLITICAL CONTRIBUTIONS** FILED TARRANT COUNTY SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this feature -9 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Andy Nguyen NSTRAIGS ELECTIONS AD 4 Date 5 Full name of contributor 7 Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description (if applicable) Beyer, David & Sally 04/14/2014 \$200.00 6 Contributor address; City; State; Zip Code 1520 Shady Oaks Ln. Fort Worth, TX 76107 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Pavlik, Linda 04/14/2014 \$200.00 Contributor address; City; State; Zip Code 6115 Camp Bowie Blvd. Fort Worth, TX 76116 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Pavlik and Associates, LP Full name of contributor out-of-state PAC (ID#: Date Amount of In-kind contribution contribution (\$) description (if applicable) Bass, Edward 04/14/2014 \$2000.00 Contributor address; City; State; Zip Code 201 Main St. Fort Worth, TX 76102 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Self-Employed Employer (See Instructions) Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description (if applicable) Pennington, Adlai 05/09/2014 \$400.00 Contributor address; City; State; Zip Code 1375 Gilman Fort Worth, TX 76140 Principal occupation / Job title (See Instructions) Self-Employed Employer (See Instructions) Full name of contributor Amount of Irr-kind contribution Date ut-of-state PAC (iD#: description (if applicable) contribution (\$) Jacobsen, Andrew & Joan 05/09/2014 Contributor address; City; State; Zip Code \$50.00 4617 Tanque Dr. Fort Worth, TX 76137 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide foradditional reporting requirements.

Texas Ethics Commission

	POLITIC OTHER	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS TARRANT	COUNTY	SCHEDULE A
	The	Instruction Guide explains how to complete this	1286 4 JUL -9	1. Total pages Sch ア州 2: 48	edule A: 5/5
2	FILER NAME	Andy Nguyen	STEVE RA	3 ACCOUNT# (E	thics Commission Filers)
4	Date	5 Full name of contributorout-of-state PAC (ID# Arlington Police Association	NY:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/14/2014	6 Contributor address; City; State; Zip Code 1801 W. Park Row Drive Arlington, TX 76013			\$238.00
	Dain in all annual		40 5		of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
	Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
				(if travel outside	l of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
				**************************************	I of Texas, complete Schedule T)
	Luucibal occut	pation / Job title (See Instructions)	Employer (See	instructions)	
	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		(If travel outside	of Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See	·····	, , , , , , , , , , , , , , , , , , , ,
	if c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

Texas Ethics Commission

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	Y			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense rict	Loan Repay Transportat Contribution Candida	yment/Reimbursen ion Equipment & R ns/Donations Made te/Officeholder/Po ter a category not	elated Exp By litical Com	mittee
	The Instruction Guide	explains how to	complete this fo	rm.			
1 Total pages Schedule F: 1/8	2 FILER NAME Andy Nguyer)		3 AC	COUNT # (Ethics C	Commission	r Filers)
4 Date	5 Payee name	-			-3 Fm	20	
05/20/2014	Craig Ownby				2	rafin	72
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	1410	· · · · · · · · · · · · · · · · · · ·	25		20.
2500.00	PO Box 150852) The ST.	1	1
	Arlington, TX					ω	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outsid	le of Texas, complete S	Schedule T)	
OF EXPENDITURE	Consulting					Ú	Total Section
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sough	ht	Offic	co co	<
Date 02/24/2014	Payee name						
	Mailchimp.com			······································			
Amount (\$)	Payee address; City; St	ate; Zip Code					
30.00							
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outsid	le of Texas, complete S	Schedule T)	
OF EXPENDITURE	Advertising			,			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sough	ht	Offic	e held	
Date	Payee name						
03/10/2014	But Viet News						
Amount (\$)		ite; Zip Code	AMOUNT AND A STREET AND ASSESSMENT AND ASSESSMENT ASSES				
		•					
800.00	9780 Walnut Street Ste. 1 Dallas, TX	80					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outsid	le of Texas, complete S	Schedule T)	
OF		,					
EXPENDITURE	Advertising	AMALON					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sough	nt	Offic	ce held	
Date	Payee name						
03/24/2014	MailChimp.com			- MAT			
Amount (\$)	Payee address; City; Sta	ate; Zip Code					
30.00							į
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Advertising	of this schedule)	Description	(If travel outsid	le of Texas, complete S	Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH		Office sough	nt	Offic	ce held	
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED			

	EXPENDITURE (CATEGORIES	FOR BOX 8(a)					
Advertising Expense		Salaries/Wages/Co		Loan Repay	yment/Rei	mbursem	ent	
Accounting/Banking		Solicitation/Fundrai	sing Expense	Transportat	ion Equip	ment & Re	elated Exp	pense
Consulting Expense		Travel In District	-:-A	Contribution	ns/Donation te/Officeh			mittee
Event Expense Fees		Travel Out Of Distr Office Overhead/R		OTHER (en				
1 003	The Instruction Guide		•	•	itor a cate	gory not	notou ape	,,,
		explains now to t	Joinpiete title to		00101	(Ethina O		- 51>
1 Total pages Schedule F:	2 FILER NAME			3 AC	COUNT #	rn	ommissio	n Filers)
2/8	Andy Nguyen			L	<u> </u>	_	22	
4 Date	5 Payee name				1	0		
03/26/2014	Tarrant County Republica	an Party			1	<u>=</u> 22		カカ
6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code				55		271
400.00					i	PI	မှ	artists and a second
400.00	2405 Gravel Drive					K	_	ाग
	Fort Worth, TX	······································				- 170 - 170	77	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside	ie of Texas,	complete S	chedule T)	, auto-
OF EXPENDITURE	Advertising ad				1		1.2	- Anna
			Office			Offic	دفيار م	-4,
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sough	ıı	ages and the second	5 Omc	e nero	
Date	Payee name							
04/15/2014	Saigon Dallas LLC							
Amount (\$)	Payee address; City; Star	te; Zip Code						
4000.00	10935 Estate Ln , Ste. S	\$180						
1000.00	Dallas, TX							
	Dallas, 1A							
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside	ie of Texas,	complete S	chedule T)	
EXPENDITURE	Advertising							
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt		Offic	e held	
Date 0.4/22/2014	Payee name							
04/22/2014	Mailchimp.com							
Amount (\$)	Payee address; City; Stat	te; Zip Code						
20.00								
30.00								
			Danada di sa	fld har -1 - 1 -	da ad T-		abadul T	
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(if travel outsid	DE OT (complete S	cnequiê ()	
EXPENDITURE	Advertising							
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	/ 1	Offic	e held	
	T							
Date	Payee name							
05/22/2014	Mailchimp.com							
Amount (\$)	Payee address; City; State	te; Zip Code						
30.00								
30.00								
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside	de of Texas,	complete S	chedule T)	
OF	Advertising							
EXPENDITURE								
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	nt		Offic	e held	
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS	NEEDED				

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense T Polling Expense T	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense rict tental Expense	Loan Rep Transport Contribut Candi OTHER (tation Equi ions/Donat date/Office	eimbursem pment & Re ions Made holder/Poli tegory not i	elated Exp By tical Com	mittee
1 Total pages Schedule F: 3/8	2 FILER NAME Andy Nguyen		· · · · · · · · · · · · · · · · · · ·	3 /	ACCOUNT	# (Ethics C	ommissior	Filers)
4 Date 06/23/2014	5 Payee name Mailchimp.com				9 7:	ELE	26	H
6 Amount (\$) 30.00	7 Payee address; City; State	; Zip Code				STORS A	9- 71UL	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Advertising	this schedule)	(b) Description	(If travel ou	tside of Texas	s, complete 9	chedule J)	Control of the Contro
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	ht	-	Offic	e held 🗓	
Date 02/26/2014	Payee name Junior Stockshow				1	and the same		
Amount (\$) 500.00	Payee address; City; State	; Zip Code						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Contribution	this schedule)	Description	(if travel out	tside of Texas	s, complete S	chedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	ht		Offic	e held	
Date 05/16/2014	Payee name Republican Party of Texas	3						
Amount (\$) 50.00	Payee address; City; State 1108 Lavaca, Suite 500 Austin, Texas 78701	; Zip Code						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Event	this schedule)	Description	(if travel ou	tside of Texa			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	ht		Offic	e heid	
Date 05/16/2014	Payee name Mahroum, Eric							
Amount (\$) 200.00	Payee address; City; State 6017 Rayburn Dr Fort Worth, TX	e; Zip Code						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Contribution	fthis schedule)	Description	(If travel ou	tside of Texa	s, complete S	chedule T)	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	ht		Offic	e held	
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS	NEEDE	D			

SCHEDULE F

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Expense Counting/Banking Consulting Expense Expense Fees Fees Fees Fees Fees Fees Fees		EVDENDITURE	CATEGORIES	EOP BOY 9(a)		***************************************			
1 Total pages Schedule F: 4/8 Andly Nguyen Andly Nguyen B Payee name J.D. Johnson J.D. Johnson Filter) Fort Worth, TX 76136 B PURPOSE Contribution Contribution Contribution Date 66/10/2014 Andly Nguyen B Payee address: City: State: Zip Code Contribution Contribution Condition Date 66/10/2014 Matt Hayes Amount (\$) Payee name 66/10/2014 Matt Hayes Amount (\$) Payee address: City: State: Zip Code 900 N Walnut Creek Mansfield, TX PURPOSE EXPENDITURE Contribution Contribut	Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of District Office Overhead/R	ntract Labor sing Expense rict ental Expense	Loan Trans Contri Ca OTHE	portation Equ butions/Dona indidate/Offic	ipment & F tions Made eholder/Po	telated Ex By litical Cor	mmittee
4 Date 06/09/2014 5 Payee name J.D. Johnson 150.00 7 Payee address; City; State; Zip Code POBO10/2014 Contribution Contribution Candidate / Office holder name Office sought Office hold Tourish Contribution Candidate / Office holder name Office sought Office hold		The Instruction Guide	explains how to	complete this fo					
6 Amount (8) 150.00 P.O. Box 136021 Fort Worth, TX 76138 8 PURPOSE CF EXPENDITURE 9 Complete QNLY if direct Queen and Contribution Payee name Matt Hayes Amount (8) 100.00 Payee name Matt Hayes Contribution Contribution Contribution Payee address; City: State; Zip Code PEXPENDITURE Complete QNLY if direct Queen and Contribution Complete QNLY if direct Que					;	3 ACCOUNT	# (Ethics	Commissio	- Comments
6 Amount (8) 150.00 P.O. Box 136021 Fort Worth, TX 76136 8 PURPOSE CF EXPENDITURE 9 Complete CNLY if direct expenditure to benefit ClOH Date 06/10/2014 Payee address; City: State; Zip Code 900 N 120045 Amount (8) 100.00 Payee name Matt Hayes Contribution Category (See categories listed at the top of this schedule) 100.00 Payee name Matt Hayes Amount (8) 100.00 Payee name Matt Hayes Contribution Category (See categories listed at the top of this schedule) Complete CNLY if direct expenditure to benefit ClOH Date 06/13/2014 Payee name Affington Rotary Club Amount (8) 300.00 Payee name Affington Rotary Club Payee name O6/13/2014 Affington, TX PURPOSE Complete CNLY if direct expenditure to benefit ClOH Contribution Candidate / Officeholder name Complete CNLY if direct expenditure to benefit ClOH Contribution Candidate / Officeholder name Complete CNLY if direct expenditure to benefit ClOH Contribution Category (See categories listed at the top of this schedule) Date 100/13/2014 Affington, TX PURPOSE OFEXPENDITURE Candidate / Officeholder name Complete CNLY if direct expenditure to benefit ClOH Category (See categories listed at the top of this schedule) Office sought Contribution Category (See categories listed at the top of this schedule) Office sought Office held Payee name Office held Office held Payee name Office held Office held Candidate / Officeholder name Office sought Office held Complete CNLY if direct expenditure to benefit ClOH Candidate / Officeholder name Office sought Office held Office held Complete CNLY if direct expenditure to benefit ClOH		1				۲: \ ا	ECTI	2	RR
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OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		2117 Roosevelt Dr.	ate; Zip Code						
expenditure to benefit C/OH	OF		p of this schedule)	Description	(If trave	el outside of Texa	as, complete	Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				Office sough	ht		Off	ce held	
		ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEE	DED			

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE (Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor dising Expense drict Rental Expense	Contributions/Donati Candidate/Office OTHER (enter a cat	oment & Related Expense
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
5/8	Andy Nguyen			1	30 E 27
4 Date 05/02/2014	5 Payee name Kroger #0695				352 6
6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code		· · · · · · · · · · · · · · · · · · ·	32 0 3
169.25	Arlington, TX			\	PM 2: 4
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description (If travel outside of Texas	
OF EXPENDITURE	Food	·	Veterans o	of Foreign Wars	Post 8561
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name		W. L	· · · · · · · · · · · · · · · · · · ·	
05/21/2014	PAPPADEAUX SEAFOOD				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
109.36	Fort Worth, TX				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If travel outside of Texas	, complete Schedule T)
OF	Food/Beverage				
EXPENDITURE	, 000, 2010, 490				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name PH		Office sought		Office held
Date 04/22/2014	Рауее пате Awesome Blossoms				
Amount (\$)	Payee address; City; State	te; Zip Code			
20.00	100 S. Hampshire St. Fort Worth, TX				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Gift	of this schedule)	Description	If travel outside of Texas	s, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	l	Office held
Date 04/15/2014	Payee name Au, Amanda				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
1	243 Jennifer Lane				
97.20	Arlington, TX 76002				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	Printing		FastSigns	s for banner	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	t	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS I	NEEDED	

	EXPENDITURE CATE	GORIES FOR BOY 84	a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salarie Legal Services Solicita Food/Beverage Expense Travel Polling Expense Travel	es/Wages/Contract Labor ation/Fundraising Expense In District Out Of District Overhead/Rental Expense	Loan Repaymen Transportation E Contributions/Do Candidate/Of OTHER (enter a	t/Reimbursement quipment & Related Expense nations Made By ficeholder/Political Committee category not listed above)
Total pages Schedule F: 6/8	2 FILER NAME Andy Nguyen		3 ACCOU	NT # (Ethics Commission Filers)
Date 02/26/2014	5 Payee name Booker Industries		3	ELEC BUILT
Amount (\$)		p Code		16° = 3
4898.15	5415 Maple Ave. Dallas, TX			10 M
PURPOSE	(a) Category (See categories listed at the top of this sol	nedule) (b) Description	r) (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Printing			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office soug	ght	Office held
Date 02/28/2014	Payee name Booker Industries			
Amount (\$)	Payee address; City; State; Zi	p Code		
1824.37	5415 Maple Ave. Dallas, TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci Printing	hedule) Description	ri (if travel outside of To	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office soug	ght	Office held
Date 03/03/2014	Payee name Booker Industries			
Amount (\$)	Payee address; City; State; Zi	p Code		
6591.03	5415 Maple Ave. Dallas, TX			
PURPOSE OF	Category (See categories listed at the top of this so	hedule) Descriptio	(If travel outside of T	exas, complete Schedule T)
EXPENDITURE	Printing			
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sou	ght	Office held
Date 04/01/2014	Payee name The Gioi Moi			
Amount (\$)	Payee address; City; State; Zi	p Code		
	PO Box 121212			1
1000.00	Arlington, TX			
PURPOSE OF EXPENDITURE	Arlington, TX Category (See categories listed at the top of this so Advertising	hedule) Descriptio	on (If travel outside of T	exas, complete Schedule T)

Texas Ethics Commission

SCHEDULE F

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursemen Legal Services Solicitation/Fundraising Expense Transportation Equipment & Rela Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Politic Printing Expense Office Overhead/Rental Expense OTHER (enter a category not list The Instruction Guide explains how to complete this form.						& Related B ade By Political C	ommittee
1 Total pages Schedule F:	2 FILER NAME				3 ACCOU	NT # (Ethic	s Commiss	sion Filers)
7/8	Andy Nguyen							300
4 Date 04/25/2014	POLITICAL MARKETING	INTERNATIO	-		•	;; CT10		RAN TI
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code				1	2 1	
587.27	PO Box 698 Marianna, FL 32447					\ 3		2
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If trave	el outside of	Texas, comple	te Schedule	L CH
OF EXPENDITURE	Advertising					\	3	6
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ht		\ 0	ffice held	
Date	Payee name							
06/08/2014	Longhorn Council BSA							
Amount (\$)	Payee address; City; Sta	ite; Zip Code						
200.00	850 Cannon Drive							
	Hurst TX 76054		•					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(if trave	el outside of	Texas, comple	te Schedule	Τ)
EXPENDITURE	Contribution							
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	A CONTRACTOR OF THE CONTRACTOR	Office sough	ht		C	office held	
Date	Payee name							
06/03/2014	Google.com							
Amount (\$)	Payee address; City; Sta	ite; Zip Code						
50.00								
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(if trav	el outside of	Texas, comple	ete Schedule	T)
OF EXPENDITURE	Fees							
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH		Office sough	ht		C	Office held	
Date 03/05/2014	Payee name David's BBQ							77.07
Amount (\$)	Payee address; City; Sta	ite; Zip Code						
359 66								
358.66	2224 W Park Row Dr # H Arlington, TX							
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(iftrav	el outside of	Texas, comple	ete Schedule	T)
OF EXPENDITURE	Food							
Complete ONLY if direct expenditure to benefit Co			Office sough	ht		C	Office held	l .
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEE	DED			

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BO Gift/Awards/Memonals Expense Salaries/Wages/Contract Labo Legal Services Solicitation/Fundraising Expen Food/Beverage Expense Travel In District Polling Expense Office Overhead/Rental Expe The Instruction Guide explains how to complete to		ontract Labor ising Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)					
1 Total pages Schedule F: 8/8	2 FILER NAME Andy Nguyer	1		3 ACCOUN	NT # (Ethics Commission Filers)				
4 Date 05/19/2014	5 Payee name Office Depot #130								
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code							
50.84	Arlington, TX				TARR				
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Te	exas, confiplete Schedule T)				
OF EXPENDITURE	Printing	·			6 5				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	t	Office held				
Date	Payee name				2: 59				
Amount (\$)	Payee address; City; St	ate; Zip Code							
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PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)				
EXPENDITURE									
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held				
Date	Payee name								
Amount (\$)	Payee address; City; Sta	ate; Zip Code							
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Description	(If travel outside of To	exas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sough	t	Office held				
Date	Payee name								
Amount (\$)	Payee address; City; St	ate; Zip Code							
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of T	exas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	nt	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									