## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

## 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:
			. 8
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	MR. ANDY		Date Received
	NICKNAME LAST	SUFFIX	23 -1
	NGUYEN		TARRAN 1015 JUL LECTIONS BY: ALL
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	A SE E ST
OFFICEHOLDER MAILING ADDRESS		Commence of the Commence of th	Date Hand-debered Postmark
change of address			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Z Amount Z
OFFICEHOLDER PHONE			Date Processed
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged
TREASURER NAME	MR. TOM		
	NICKNAME LAST	SUFFIX	
	НА		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
(residence or business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
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 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	01 / 01 / 2015 THROUGH	06 / 30 /	<u></u>
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	TARRANT COUNTY COMMISSIONER	₹	
	PCT. 2		
	GO TO PAG	GE 2	

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	10 V 110 I DVE11	1:	5 ACCOUNT	# (Ethics Commissio	n Filers)
AN	IDY NGUYEN				
16 NOTICE FROM POLITICAL COMMITTEE(S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE DISTURBED!					
			i-		
	COMMITTEE TYPE	COMMITTEE NAME		RANK IONS A	RRAN
	GENERAL			ဉ်⊉့ ထဲ	
		COMMITTEE ADDRESS			OM
	SPECIFIC	\$ \$255 TO 100 TO	1	Z 3	LANDO
			1	వైస్త్ర ట్ల	Z
			ſ	<b>≥</b>	-
		COMMITTEE CAMPAIGN TREASURER NAME		3:   L	
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		·			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS	\$		
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		650.00	1
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 438.85				
	4. TOTAL	POLITICAL EXPENDITURES	\$	6798.27	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 36128.03				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
40 4550 0 47	L				
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.  NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 05-16-2016  Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Hndy Viguyen, this the					
day	of July	, 20, to certify which, witness m	ny hand ar	nd seal of offic	e.
1/ .1.		Amenda A	Exemple	ve Sceretan	ا ،
Signature of officer adm	Inistering oath	Printed name of officer administering oath		fficer administering	7/.
1					1

Te	xas Ethics Com	mission	P.O. Box 120	70 Austin,	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS						
	The	Instruction	Guide explains l	now to complete	this form.	1 Total pages Sch	ARR JERR
2	FILER NAME		-			3 ACCOUNT # (E	tuics Commission Flers)
		ANDY N	GUYEN				SE &
4	Date	5 Full nam	e of contributor	ut-of-state PAC (I	D#:)	7 Amount of contribution (\$)	8 In-king contribution
	04/17/15	. NGUY	EN, LONG tor address; Ci	ity; State; Zip C	ode	,	IPS ISTRATI
		1	Atrium Drive Prairie, TX 75	5052		100.00	) S
		Ciano				(if travel outside	of Texas, complete Schedule T)
9	Principal occup RETIRED		tle (See Instruction	ns)	10 Employer (See	Instructions)	
	Date	Full nam	e of contributor	out-of-state PAC (	(ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/17/15	NGU` Contribu	<b>/EN, STEVE</b> tor address; C	ity; State; Zip C		500.00	
		1	Primrose Drive	е			
		irving	, TX 75063			(If travel outside	of Texas, complete Schedule T)
			tle (See Instructio	ns)	Employer (See	Instructions)	
F	OPTOMET Date	1	e of contributor	out-of-state PAC	(ID#: )	Amount of	In-kind contribution
						contribution (\$)	description (if applicable)
	04/17/15	HAN Contribu	SON, MARK tor address; C	ity; State; Zip C	ode	50.00	
			5 Butler Dr. Igton, TX 7601	2		(If travel outside	of Texas, complete Schedule T)
	Principal occu OPTOMET		tle (See Instructio	ns)	Employer (See	Instructions)	
	Date	Full nam	e of contributor	out-of-state PAC	(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contribu	tor address; C	ity; State; Zip C	code	-	
						05.	Tana
-	Principal occu	pation / Job ti	tle (See Instructio	ns)	Employer (See		of Texas, complete Schedule T)
	i iliopai occo	padon / bob t	(OCC 111511 OCIO				
	Date	Full nam	e of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contribu	tor address; C	ity; State; Zip C	Code		 
						(If travel outside	of Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
T							
	lf .	contributor i			ES OF THIS SCHEDULE		requirements.

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR	R BOX 8(a)			
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contrac Solicitation/Fundralsing	ct Labor Lo		/Reimbursement quipment & Related Ex	pense
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Dor	nations Made By	
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental	al Expense O		iceholder/Political Con category not listed abo	
	The Instruction Guide		-		oatogory not nated abo	,,,
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUN	IT # (Ethics Commissio	n Filers)
1/5	ANDY NGUYEN					
4 Date	5 Payee name					
01/14/15	MWSEA					
6 Amount (\$) 400.00	7 Payee address; City; State POBOX 150852, ARLING	te; Zip Code TON, TX 76015		<u> </u>	ELE 29	7
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b)	Description (If	travel outside of Tex	xas, complete Schedele T)	22
OF EXPENDITURE			<u> </u>	1	22 F	ΣŢ
	CONSULTING			tin, TX, officehold		二二二
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	111	Office sought		e held	CM
	T				# = = = = = = = = = = = = = = = = = = =	_20
Date	Payee name				ဗ္ဗာတ် ယူ	LX
01/15/15	RLRW				3 =	_<_
Amount (\$)		te; Zip Code			<b>3</b>	
15.00	PO BOX 174431, ARLING	3TON, TX 76003			1	
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description (If	travel outside of Te)	kas, complete Schedule T)	
EXPENDITURE	CONTRIBUTION		Check if Aust	tin, TX, officeholde	er living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held	
Date	Payee name					
01/21/15	TARRANT COUNTY REP	UBLICAN PARTY	<b>′</b>			
Amount (\$)	Payee address; City; Stat	te; Zip Code				
1000.00	2405 GRAVEL DR. FTW,	TX 76118				
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Te	kas, complete Schedule T)	
EXPENDITURE	CONTRIBUTION		Check if Aus	tin, TX, officehold	er living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought		Office held	
Date	Payee name					
01/25/15	CHRIS PHAN					
Amount (\$)	Payee address; City; Stat	te; Zip Code				
500.00	GARDEN GROVE, CA					
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Te	xas, complete Schedule T)	
EXPENDITURE	CONTRIBUTION		Check if Aus	tin, TX, officehold	er living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to design the control of th	ontract Labor Lising Expense T crict lental Expense C	oan Repayment/Reimbursement fransportation Equipment & Related Expontributions/Donations Made By Candidate/Officeholder/Political CompTHER (enter a category not listed about.	nmittee	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission	n Filers)	
, -			3 ACCOUNT # (Entires Continues of	1111013/	
2/5 4 Date	ANDY NGUYEN 5 Payee name				
2/25/15	NOVAL-DFW				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
1350.00	2107 SHERRY ST. ARLINGTON, TX 76	6010	81 ELE 20		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (	travel outside of Texas, complete Schedus 1	$\geq$	
OF		, Ag		36	
EXPENDITURE	CONTRIBUTION	Check If Au	stin, TX, officeholder living expense	≥⊤	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	conce heldo	ARRANT	
expenditure to benefit C/O	<b>эн</b>		三 三	OIT	
			# # F	- 20	
Date	Payee name		STR.	E	
03/18/15	FORT WORTH JUNIOR STOCK SHOW		<u> </u>	manus .	
Amount (\$)	Payee address; City; State; Zip Code		8 +		
250.00					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	ftravel outside of Texas, complete Schedule T)		
OF EXPENDITURE	CONTRIBUTION				
LAFERDITORE		Check if Au	stin, TX, afficeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
03/20/15	TC COLLEGE FOUNDATION				
Amount (\$)	Payee address; City; State; Zip Code				
250.00					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	f travel outside of Texas, complete Schedule T)		
OF					
EXPENDITURE	CONTRIBUTION	☐ Check if Au	stin, TX, afficeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
03/25/15	TARA NTX				
Amount (\$)	Payee address; City; State; Zip Code				
25.00					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	if travel outside of Texas, complete Schedule T)		
OF					
EXPENDITURE	CONTRIBUTION	☐ Check if A⊔	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED		

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)  Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement						
Advertising Expense Accounting/Banking	·		ayment/Reimbursement ation Equipment & Related Expense			
Consulting Expense	Food/Beverage Expense Travel in Distr		ons/Donations Made By			
Event Expense	Polling Expense Travel Out Of	District Candid	date/Officeholder/Political Committee			
Fees	Printing Expense Office Overhe  The Instruction Guide explains how		enter a category not listed above)			
1 Total pages Schedule F:	2 FILER NAME		CCOUNT # (Ethics Commission Filers)			
3/5	ANDY NGUYEN					
4 Date	5 Payee name		8 2 3 1			
04/21/15	REICH, ARRON		FARRA JUL			
6 Amount (\$)	7 Payee address; City; State; Zip Code		92 6 2			
			ANT PIC			
200.00		A.	후 8 -			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel out				
EXPENDITURE			fficeholder living emeths w			
	CONTRIBUTION					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought	Strice held			
Date	Payee name					
04/28/15	SQ ARLINGTON CORPS					
Amount (\$)	Payee address; City; State; Zip Code					
150.00						
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule T)			
OF EXPENDITURE						
	CONTRIBUTION		fficeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name	·				
0506/15	SALVATION ARMY					
Amount (\$)	Payee address; City; State; Zip Code					
250.00						
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule T)			
OF EXPENDITURE	CONTRIBUTION	Check if Austin, TX, o	officeholder living expense			
	Candidate / Officeholder name	Office sought	Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/C						
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code		,			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel out	tside of Texas, complete Schedule T)			
OF EXPENDITURE		Check if Austin TX o	officeholder living expense			
	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R  The Instruction Guide explains how to	ontract Labor Loan Repaymei ilsing Expense Transportation i Contributions/D Candidate/O Rental Expense OTHER (enter	nt/Reimbursement Equipment & Related Expense onations Made By fficeholder/Political Committee category not list	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOL	NT # (Emission Company)	
4 Date	5 Payee name		8 8 F	
04/17/15	THE PEARL RESTURANT			
6 Amount (\$)	7 Payee address; City; State; Zip Code		H 3:	
1000.00	2625 W. PIONEER PKWY, GRAND PRAIF	RIE, TX 75051	ATO Y	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	Te (as, complete Schedule T)	
OF EXPENDITURE	EVENT EXPENSE	Check if Austin, TX, officeho	lder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/12/15	CRACKER BARREL			
Amount (\$)	Payee address; City; State; Zip Code			
21.24	ARLINGTON, TX 76017	•		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)	
OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	Check if Austin, TX, officeho	older living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
05/04/15	A 1 SUPER BUFFET			
Amount (\$)	Payee address; City; State; Zip Code			
116.98	2208 NEW YORK AVE. ARLINGTON, TX 7	6010		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)	
EXPENDITURE	FOOD/BEVERAGE EXPENSE	Check if Austin, TX, officeho	older living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
01/15/15	CLASSIC WORLD IMPORT			
Amount (\$)	Payee address; City; State; Zip Code			
55.00	9200 JOHN W. CARPENTER FWY, DALLA	S, TX		
PURPOSE OF	Category (See categories listed at the top of this schedule) GIFT EXPENSE	Description (If travel outside of		
EXPENDITURE		Check if Austin, TX, officeho		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Glft/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By rict Candidate/Officeholder/Political Committee
1 663	The Instruction Guide explains how to	2 (enter 2 earlegery that makes above)
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
5/5	ANDY NGUYEN	
4 Date	5 Payee name	To the state of th
01/25/15	AWESOME BLOSSOMS	102 103 104
6 Amount (\$)	7 Payee address; City; State; Zip Code	S JUL FRAN CTIONS
82.85	100 S. Hampshire St., Saginaw, TX 76179	S ₹ - AT
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedules)
OF EXPENDITURE		
EXPENDITORE	GIFT EXPENSE	Check if Austin, TX, officeholder living example
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  DH	Office sought
Date	Payee name	
02/25/15	AA.COM	,
Amount (\$)	Payee address; City; State; Zip Code	
232.20		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	TRAVEL IN DISTRICT	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
01/02/15	DAVID'S BBQ	
Amount (\$)	Payee address; City; State; Zip Code	
900.00	2224 PARK ROW, PANTEGO, TX 76013	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	FOOD EXPENSE	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name  OH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED