CANDIDAT	FORM C/OH Cover Sheet pg 1			
The C/OH instruction (Guide explains how to complete this fo	orm. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 26	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
NAME	Mr. Andy		Date Received	
	Nguyen		TARR 2014 JA	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	Date Hand-delivered or Postmarked	
change of address	······································		Receipt # COST Arrigunt	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Tom	M!	Date Imaged 20	
	NICKNAME LAST Ha	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	EXTENSION		
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (officeholderonly)	
	July 15 🚺 8th day before a	election Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 07 / 01 / 13	Nonth Day ROUGH 12 / 31	Year 2013	
11 ELECTION	Month Day Year ELECTION T Month Day Year Prime		General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)	
GO TO PAGE 2				

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

	FORM	С	:/0	Η
COVER	SHEE	т	PG	2

14 C/OH NAME ANG	dy Nguye	n	15 ACC	COUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	- CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
				BY ELE 20	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		CTIONS	
		COMMITTEE CAMPAIGN TREASURER ADDRE	:55		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR S, LOANS, OR GUARANTEES OF LOAN		\$ g.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANT	TEES OF LOANS)	\$27,262.42	
EXPENDITURE TOTALS 3. TOTA		POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00	
	4. TOTAL	POLITICAL EXPENDITURES		\$20,374.97	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINE	D AS OF THE LAST DAY	\$35,278.93	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDI Y OF THE REPORTING PERIOD	ING LOANS AS OF THE	\$	
18 AFFIDAVIT		is true and cor		y, that the accompanying report ation required to be reported by of Officeholder	
AFFIX NOTARY STAN		me, by the said <u>Andu</u>	Namen	this the	
10		$\frac{14}{14}$, 20 $\frac{14}{14}$, to certify v	, , , , , , , , , , , , , , , , , , , ,	, this the ond and seal of office.	
Signature of officer adm	inistering oath	Awwards, Au Printed name of officer administe		the of officer administering oath	

Printed name of officer administering oath

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Revised 04/19/2013

Title of officer administering oath

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A: 1/12	
2 FILER NAME Andy Nguy	en		3 ACCOUNT # (Ethics Com	mission Filers)
4 Date 08/06/2013	5 Full name of contributorout-of-state PAC (ID# Gonzalez, Raul & Kerry)	contribution (\$) deset	kind complibution (Eapplicable)
	6 Contributor address; City; State; Zip Code 2211 Woodmont Ct. Arlington, TX 76017		50.00	RANT AN 15
9 Principal occu Attorney	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 09/10/2013	Full name of contributorout-of-state PAC (ID# Good Government Fund Contributor address; City; State; Zip Code 201 Main Street Fort Worth, TX 76102			kind contribution ption (#applicable)
			(If travel outside of Texas, c	omplete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 09/10/2013	Full name of contributor Out-of-state PAC (ID#_ PSEL PAC)		kind contribution ption (if applicable)
	Contributor address; City; State; Zip Code 201 Main Street Fort Worth, TX 76102	. ,	1500.00	
Principal occu	pation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, c nstructions)	complete Schedule T)
Date 09/10/2013	Full name of contributorout-of-state PAC (ID# Marion, Anne W Contributor address; City; State; Zip Code 801 Cherry Street Unit#9 Fort Worth, TX 76102		contribution (\$) descri	kind contribution ption (if applicable)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See I	(If travel outside of Texas, c nstructions)	omplete Schedule T)
_{Date} 09/10/2013	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	contribution (\$) descri 3000.00 	kind contribution ption (if applicable)
Principal occu Self Employeed	i pation / Job title (See Instructions)	Employer (See I	(if travel outside of Texas, on (if travel outside of Texas, or (if the texas, or (if texas,	omplete Schedule T)
if	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instr			nents.

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 2/12	n <u>13.</u>
2 FILER NAME			3 ACCOUNT # (E	Thics Commission Ellers)
Andy Nguye	en			
4 Date	5 Full name of contributor 🔲 out-of-state PAC (ID#)	7 Amount of	8 Inskind contribution
09/10/2013	Patterson, Michael H.		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		500.00	
	2310 West I-20 Suite 100			
	Arlington, TX 76017			
			L.,	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	Instructions)	5 NDR
Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of	In-kind contribution
09/10/2013	Reynolds - Gary E.		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	• • • • • • • • • • •	1000.00	
· ·	P.O. Box 370			-
	Euless, TX 76039			
			(If travel outside	i of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Self Empolyeed		Reynolds Asphalt &	Const.	-
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	In-kind contribution
09/10/2013	Trevino, Oscar		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		500.00	
	7805 Amy Ln. N.			
	Richland Hills, TX 76182			
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
09/10/2013	Fickes Gary Campaign		contribution (\$)	description (if applicable)
00/10/2010	Contributor address; City; State; Zip Code		250.00	
	4021 Hilltop Dr.			
	Southlake, TX 76092			
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
		Tarrant County		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
10/04/2013	Duke, Don		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		100.00	
	P.O. Box 13464			1
	Arlington, TX 76094			
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	· · · · · · · · · · · · · · · · · · ·
ļ		Cable Cravens	······	
	ATTACH ADDITIONAL COPIES (F THIS SCHEDULE	AS NEEDED	
I If	contributor is out-of-state PAC, please see inst	uction guide forad	ditional reporting	requirements.

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 3/12	edule A:
2 FILER NAME Andy Nguye	en		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of	8 A-kind contribution
10/12/201	Nguyen, Nghi & Hanh		contribution (\$)	description (Happlicatile)
	6 Contributor address; City; State; Zip Code 338 Custer Lane Tarentum, PA 15084	•••••	200.00	FIL RANT JAN 15 STEVER
			(If travel outside	of Texas, complete_Schedule T)
9 Principal occur Self Employeed	pation / Job title (See Instructions)	10 Employer (See	Instructions)))
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
10/15/2013	Davis, Fred and Linda		contribution (\$)	desemption (leapplicable)
	Contributor address; City; State; Zip Code P.O. Box 13663 Arlington, TX		200.00	
				of Texas, complete Schedule T)
Retired	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	۱ <u> </u>	Amount of	In-kind contribution
10/15/2013	Clark, Al	······································	contribution (\$)	description (if applicable)
10,10,2010	Contributor address; City; State; Zip Code 2452 West I-20 Arlington, TX 76017			
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Self Employeed		Al Clark Insurance	noti deciono)	
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of	In-kind contribution
10/15/2013	Cravens, Tom Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	501 E. Fielder Rd. Arlington, TX 76013			
Dringinglage		E 1 1 1		of Texas, complete Schedule T)
Retired	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#		Amount of	In-kind contribution
10/15/2013	Grace McDermott		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 2114 Franklin Dr. Arlington, TX 76011		100.00	
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		or rexes, complete schequie 1)
President		USPAACC-SW	·	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				
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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 4/12	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Andy Nguy	en			JAN STEV
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-Kind contribution
10/18/2013	Nix, Larry			
	6 Contributor address; City; State; Zip Code		50.00	
	1507 Cannon Gate Dr.			
	Mansfield, TX 76063			$ \exists \omega \prec$
			(If travel outside)	of Texas, complete Schedule T)
9 Principal occup Self Employeed	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of	In-kind contribution
10/19/2013	Blumberg, Daniel & Charna		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		50.00	
	2303 Lavon Creek Lane			
	Arlington, TX 76006			
Dringingloogu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Fincipar occu		Blumberg & Bagley		
Date	Full name of contributor 🔲 out-of-state PAC (ID#	>	Amount of	In-kind contribution
10/19/2013	Wright, Ron		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		100.00	
	5505 Overridge Dr.			
	Arlington, TX 76017			
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Tarrant County	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
10/19/2013	Johnson, Larry		contribution (\$)	description (if applicable)
10/10/2010	Contributor address; City; State; Zip Code		100.00	1
	2408 Castle Rock Rd.			1
	Arlington, TX 76006			
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		of Toxas, complete Schedule Ty
		Arlington Board of	Realtors	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
10/19/2013	Cotter, Brian		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		100.00	
	2004 Hill County Ct.			1
	Arlington, TX 76012			
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		er rende, complete conequie ()
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE	AS NEEDED	
If	contributor is out-of-state PAC, please see instr	uction guide forade	litional reporting	requirements.
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 5/12	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Andy Nguy	en			20 m
4 Date	5 Full name of contributor Out-of-state PAC (ID#)	7 Amount of	8 In kind contribution
10/19/2013	Sobel, Ralph		contribution (\$)	description (if applicable)
10/19/2013			50.00	LOST A R
	6 Contributor address; City; State; Zip Code		00.00	AN RAF
			(if travel outside	of Texas complete Schedule
9 Principal occu	Dation / Job title (See Instructions)	10 Employer (See	•	
·				
Date	Full name of contributor 📋 out-of-state PAC (ID#		Amount of	In-kind contribution
10/19/2013	Moloney, Tim & Mary		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		50.00	
	2008 Rumson Dr.			· · · ·
	Arlington, TX 76006			1
	-		(If travel outside	i of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
		Aflac		
Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of	In-kind contribution
10/19/2013	Sparks, James		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		50.00	
	6110 Amicable Dr.			
	Arlington, TX			
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
				I
Date	Full name of contributor 🗍 out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/19/2013	Perdue, William		25.00	
	Contributor address; City; State; Zip Code		25.00	
	420 Country Meadow Dr. Mansfield, TX 76063			
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
			,	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
10/19/2013	Brock, Ruth		contribution (\$)	description (if applicable)
10/10/2010	Contributor address; City; State; Zip Code		50.00	
	3318 Thornhill Dr.			1
	Arlington, TX 76001			1
			(If travel outside	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	****	ter and the second s
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If	contributor is out-of-state PAC, please see instr	uction guide forado	litional reporting	requirements.

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SCHEDULE A

			1 Total pages Sch	edule A:
The	Instruction Guide explains how to complete this	i torm.	6/12	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Andy Nguye	en			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution m description (if applicable)
10/19/2013	Foster, Nachael		-	
	6 Contributor address; City; State; Zip Code		25.00	
	3325 Stoneway Dr. Grand Prairie TX	75052	1	TARR/ 2014 JAN 2014 STE
		10 Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas_complete Schedule T)-
attomey	pation / Job title (See Instructions)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#_)	Amount of contribution (\$)	description (# applicable)
10/19/2013	Broadus, Andy			
	Contributor address; City; State; Zip Code		100.00	2 6
	4107 Shady Valley Dr.			
	Arlington, TX 76013		(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		or rexas, complete ochedale 17
		Oakridge School		
Date	Full name of contributor Out-of-state PAC (ID#:	(Amount of contribution (\$)	In-kind contribution
10/19/2013	Tran, Dan			description (if applicable)
	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · ·	500.00	
	3357 Kendall Ln.			
	Irving TX 75062			
Principal occu	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Self Employed				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/19/2013	Orr, James C.		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		50.00	
	405 Bryce Ln.			
	Arlington, TX 76013			
Dringinglagg		Employer (See		of Texas, complete Schedule T)
- incipat occu	pation / Job title (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#_	· · · · · · · · · · · · · · · · · · ·	Amount of	In-kind contribution
10/19/2013	Banga	<u>,,,,,,</u> /	contribution (\$)	description (if applicable)
10/10/2010	Zedler - Bill & Ellen Contributor address; City; State; Zip Code		100.00	
	5502 Hidden Trails Dr.	-		
	Arlington, TX 76017			
L		F		of Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions)	Employer (See TX Rep	instructions)	
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The	Instruction Guide explains how to complete this	form.	1 Total pages Sci 7/12	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
Andy Nguy	en			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
10/19/2013			contribution (\$)	description (if applicable)
10/10/2013	Thomas A. Wilder		100.00	1
	6 Contributor address; City; State; Zip Code			1
	209 W. 2nd. Street. Fort Worth, TX 76102			1
			(If travel outside	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	the second se	
		Tarrant County		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
10/19/2013	Pena, Gustavo Alfonso		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		50.00	
	1945 Vineyard Dr.			
	Westfield, NC 27053			
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Dete	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
10/19/2013	Holley, Mary		25.00	1
	Contributor address; City; State; Zip Code		-0.00	
	2306 Oak Manor Arlington, TX 76012			
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Retired			9	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
10/19/2013	Walker, Carey & Sue		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		50.00	
	1402 Woodbine St.			
	Arlington, TX 76012			
Principal age	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
- mapar occu		Tarrant County		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
10/19/2013	Pell - Delores		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		100.00	
	3703 Dustin Tr.			
	Arlington, TX 76016			
Dringford		Employee (O	the second se	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
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if	contributor is out-of-state PAC, please see instr			were a filler and the state of
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The	instruction Guide explains how to complete this	form.	1 Total pages Sch 8/12		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
Andy Nguye	en				
4 Date	5 Full name of contributorout-of-state PAC (ID#)	7 Amount of	8 In-kind contribution	
10/19/2013	Williams - Jeff		contribution (\$)	description (if applicable)	
			1000.00	1	
	6 Contributor address; City; State; Zip Code				
	6948 W. Poly Webb Rd. Arlington, TX 76016			1	
			(If travel outside	i of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		······	
	•	Graham Associates	5		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution	
10/19/2013			contribution (\$)	description (if applicable)	
10/10/2010	Luke, J. G.	· · · · · · · · · · · ·	75.00		
	Contributor address; City; State; Zip Code PO Box 1024			1	
	Arlington, TX 76004				
	, , , , , , , , , , , , , , , , , , ,		(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I			
Retired					
Date	Full name of contributor out-of-state PAC (ID#:	>	Amount of	In-kind contribution	
10/19/2013	Korman, Donna		contribution (\$)	description (if applicable)	
10/10/2010	Contributor address; City; State; Zip Code		50.00		
	2620 Autmn Trail Dr.				
	Arlington, TX 76016				
			(If travel outside	l of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Teacher		AISD			
Date	Full name of contributor 📋 out-of-state PAC (ID#:)	Amount of	In-kind contribution	
10/19/2013	Merritt, Peggy & Ricki		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		200.00		
	3004 Iron Stone Ct.				
	Arlington, TX 76006				
			(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)		
	T	·····	F	1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/19/2013	Coker, Anne B.			(,,)	
	Contributor address; City; State; Zip Code		50.00		
	2716 Margret Dr.				
	Arlington, TX 76012				
Dringing and	pation / Job title (See Instructions)	Employer (See			
Principal occu	pation / Job tille (See Instructions)	Employer (See	instructions)	1 8 S S	
		L	Ĩ		
14	ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see instr				
1	contributor is out-or-state FAG, piease see Insti	action guide foradi	anonai reporting		
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2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)	
Andy Nguye	en				
4 Date	5 Full name of contributor Out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution	
10/19/2013	Green, Charles & Nora		contribution (\$)	description (if applicable)	
	6 Contributor address; City; State; Zip Code 212 E. Abram St. Arlington,TX 76010		1000.00		
		10 5		of Texas, complete Schedule T)	
9 Principal occup CPA	pation / Job title (See Instructions)	10 Employer (See I	instructions)		
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of	In-kind contribution	
10/19/2013	Kembel, Robert H. Contributor address; City; State; Zip Code 3820 Leisure Ln. Denton, TX 76210		contribution (\$) 250.00	description (if applicable)	
			(If travel outside d	f Texas, complete Schedule T)	
Principal occu Developer	pation / Job title (See Instructions)	Employer (See I KCKPL	instructions)		
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	In-kind contribution	
10/19/2013	Flowers los S		contribution (\$)	description (if applicable)	
10/13/2013	Flowers, Joe S.				
	Contributor address; City; State; Zip Code				
	1004 W. Tucker Blvd. Arlington, TX 76013				
			(If the set of the set		
Dringing age	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Executive Directo		Guardianship Servic			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution	
10/19/2013	Thorne, Hal		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		100.00		
		E		of Texas, complete Schedule T)	
Attorney	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
10/19/2013	Wilson, Sharen		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code	· · · · · · · · · · ·	25.00	· 	
	PO Box 282				
	Fort Worth, TX 76101				
			(If travel outside	Texas, complete Schedule-Ty	
Principal occu	pation / Job title (See Instructions)	Employer (See		C)	
		Tarrant County			
				$\delta \gamma = > \eta$	
				ੋ ਹੈ ਹੈ ਤੋਂ	
14	ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see instr				
	contribution is out-or-state FAG, please see insti	action guide totad	andonal reporting	requirements. 3	
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(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS **OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 10/12	edule A:
2 FILER NAME Andy Nguye	en		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
10/19/2013	Sargent, David		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 3014 Iron Stone Ct Arlington, TX 76006		500.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occur Self Employed	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#		Amount of	In-kind contribution
10/19/2013	Doskocil, Ben		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	· · · · · · · · · · ·	100.00	
	5306 Mansfield Rd.			
	Arlington, TX 76017	:		
				of Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of	In-kind contribution
10/23/2013	Linebarger Goggan Blair &		contribution (\$)	description (if applicable)
10/20/2010	Contributor address; City; State; Zip Code		5000.00	
	100 Throckmorton			
	Fort Worth, TX 76102			
			(If travel outside	l of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of	In-kind contribution
11/01/2013	Ngo, Son		contribution (\$)	description (if applicable)
11/01/2013	Contributor address; City; State; Zip Code		250.00	
	5850 W I-20			
	Arlington, TX 76017			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Self Employed		Jaken Engineering		
Date	Full name of contributor out-of-state PAC (ID#.		Amount of	In-kind contribution
11/12/2013	Easterly, Meeri & Daniel		contribution (\$)	description (if applicable)
11/12/2013			50.00 -	1
	Contributor address; City; State; Zip Code 516 Ashmede Ct.		RY:	
	Arlington, TX 76013			
			(if travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		(O
			1	
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lf	contributor is out-of-state PAC, please see instr	uction guide forado	litional reporting	requirements.
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch 11/12	edule A:
2 FILER NAME Andy Nguye	en		3 ACCOUNT # (E	thics Commission Filers)
4 Date 11/19/2013	5 Full name of contributorout-of-state PAC (ID# Scholer Karen Gren)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/10/2010	6 Contributor address; City; State; Zip Code 4011 Turtle Creek Rd.		337.42	
	Dallas, TX 75219		(If travel outside	of Texas, complete Schedule T)
9 Principal occur	bation / Job title (See Instructions)	10 Employer (See I Jones Day	instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
11/19/2013	Martin, Gary C. Contributor address; City; State; Zip Code		1000.00	
	PO Box 91588			
	Arlington, TX 76015			
		······		of Texas, complete Schedule T)
Principal occup Self Employed	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
12/19/2013	McCollum, Steve		contribution (\$)	description (if applicable)
12/13/2010			500.00	1
	Contributor address; City; State; Zip Code		000.00	
	PO Box 172202 Arlington, TX 76003			
Dringinglage		Employee (Dec 1		of Texas, complete Schedule T)
Self Employed	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of	In-kind contribution
10/23/2013	Brady, Charles		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		100.00	1
	1919 Alan A Dale Rd.		100.00	
	Arlington, TX 76013			
			(If travel extends	f Taylog approved School (Taylog
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Attorney		Perdue, Brandon,		and Mott LLP
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		τ	
Distant				of Texas complete Schedule T)
Banker	pation / Job title (See Instructions)	Employer (See I Southwest Bank	instructions)	
		Southost bank		
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lf	contributor is out-of-state PAC, please see inst	ruction guide forado	litional reporting	
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SCHEDULE A

The	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 12/12		
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)			
Andy Nguy	en					
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution		
10/23/2013	Cravens, Carl		contribution (\$)	description (if applicable)		
	6 Contributor address; City; State; Zip Code		100.00			
	1201 Canterbury Court					
	Arlington, TX 76013		(If trave) outside	of Texas, complete Schedule T)		
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		in rexas, complete ochedule 17		
Banker		Southwest Bank	·			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution		
10/16/2013	Tran, Anh		contribution (\$)	description (if applicable)		
	Contributor address; City; State; Zip Code		100.00			
	2113 Wentworth Dr.					
	Flower Mound, TX 75028					
Dissignt		Employer (See 1		of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution		
12/21/2013	Toby Goodman		contribution (\$)	description (if applicable)		
12,2,120,10	Contributor address; City; State; Zip Code		200.00			
	5001 S. Cooper St.		200.00			
	Arlington, TX 76017					
······································			(If travel outside	of Texas, complete Schedule T)		
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution		
10/11/2013	Mojy & Julie Haddad		contribution (\$)	description (if applicable)		
	Contributor address; City; State; Zip Code	· · · · · · · · · · ·	2000.00	Food/drinks		
	3024 Shadow Dr. Arlington, TX 7600	06				
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution		
			contribution (\$)	description (if applicable)		
	Contributor address; City; State; Zip Code					
				201 T		
			-	1 3. 5 3		
Bringing occu	pation / Job title (See Instructions)	Employer (See I		of Texas complete Schedule 7		
r incipar occu			instructions)			
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POLITICAL	EXPENDITURES			SCHE	DULE F
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 Lo hising Expense Tra Co trict Rental Expense OT	oan Repayment/Reimbursen ansportation Equipment & R ontributions/Donations Made Candidate/Officeholder/Poi THER (enter a category not	elated Expense By litical Committee
1 Total pages Schedule F: 1/12	2 FILER NAME Andy Nguyen	************************		3 ACCOUNT # (Ethics (Commission Filers)
4 Date 07/10/2013	5 Payee name Chase Bank				
6 Amount (\$) 12.00	7 Payee address; City; Sta 4500 Little Rd Arlington,				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Accounting/Bank	of this schedule)	(b) Description (If the Bank Fee	travel outside of Texas, complete S	Schedule T)
9 Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	Offic	ce held
Date 10/03/2013	Payee name Chase Bank				
Amount (\$) 2.00	Payee address; City; Sta 4500 Little Rd Arlington,	ate; Zip Code TX 76016			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Accounting/Bank	of this schedule)	Description (If the Check Fe	travel outside of Texas, complete S	Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	Offic	ce held
Date 10/16/2013	Payee name Chase Bank				
Amount (\$) 23.95	Payee address; City; Sta 4500 Little Rd Arlington,	nte; Zip Code TX 76016			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Accounting/Bank	of this schedule)	Description (if)	travel outside of Texas, complete t	Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	Office	ce held
Date 09/19/2013	Payee name MailChimp			ECTIONE	
Amount (\$) 30.00	Payee address; City; Sta 512 Means Street, Suite 4	ite; Zip Code 104, Atlanta,	Georgia 3031	KS AGENERA	ANT CON
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Advertising Expens		Description (If	travel outside of Texas, complete s	Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C			Office sought	Soffi	ce heid
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NE	EEDED	

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POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/l Food/Beverage Expense Travel In Di Polling Expense Travel Out 0	Of District head/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) rm.
Total pages Schedule F: 2/12	2 FILER NAME Andy Nguyen		3 ACCOUNT # (Ethics Commission Filers)
Date 10/21/2013	5 Payee name MailChimp		
3 Amount (\$) 30.00	7 Payee address; City; State; Zip Con 512 Means Street, # 404, Atlanta		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Advertising Expense	(b) Description	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough	ht Office held
Date 11/19/2013	Payee name MailChimp		
Amount (\$)	Payee address; City; State; Zip Co	de	
30.00	512 Means Street, Suite 404, Atla	anta, Georgia 30)31
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Advertising Expense	e) Description	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough	ht Office held
12/19/2013	Payee name MailChimp		
Amount (\$)	Payee address; City; State; Zip Co	de	
30.00	512 Means Street, Suite 404, Atla	anta, Georgia 30	031
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Advertising Expense	e) Description	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office soug	ht Office held → □ □ □ □ □
Date 07/22/2013	Payee name Tarrant County Republican		CTIONS
Amount (\$) 1000.00	Payee address; City; State; Zip Co 2405 Gravel Drive Fort Worth, TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Contribution	Description Lincoln Co	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sough	ht Office held
	ATTACH ADDITIONAL COPIES OF		

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POLITICAL	EXPENDITURES				SCHEDULE	F
	EXPENDITURE	CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Cc Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor Lo ising Expense Tra Co trict Rental Expense OT	ontributions/Donat Candidate/Office THER (enter a cat	oment & Related Exp	nmittee
1 Total pages Schedule F:	2 FILER NAME Andy Nguyen			3 ACCOUNT	# (Ethics Commissio	n Filers)
3/12 4 Date	5 Payee name					
08/29/2013	RLRW					
6 Amount (\$)		ate; Zip Code				
50.00 PO BOX 174431, Arlington, Texas 76003						
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (If t	travel outside of Texas	s, complete Schedule T)	
OF EXPENDITURE	Advertising Expense Cookbook ad					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	•	Office sought		Office held	
	Payee name					
08/30/2013	Arlington Tea Party					
Amount (\$)	Payee address; City; State; Zip Code					
500.00	Arlington, TX					
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Contribution	op of this schedule)	Description (if t	travel outside of Texa	s, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	•	Office sought		Office held	
Date	Payee name	····				
09/25/2013	Arlington Rotary Club					
Amount (\$)						
250.00	PO Box 121045 Arlingtor	n TX 76012				
PURPOSE	Category (See categories listed at the to	on of this schedule)	Description (If)	travel outside of Texas	s, complete Schedule T)	
OF	Fees	,p et alle estreader)				
Complete ONLY if direct	Candidate / Officeholder name	è	Office sought		Office held	
expenditure to benefit C/	ЮН			α ≻	20 ELE	-
Date	Payee name					<u>}</u>
10/01/2013	Hayes, Matt Campaign				STE AN	Ĥ
Amount (\$)		tate; Zip Code			2×10	
100.00	900 N. Walnut Creek Ma	nsfield TX 76	063			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If t	travel outside of Texas	s, complete Schedule T)	en 1 (pr.
OF EXPENDITURE	Contribution				: 3 C	 <
Complete <u>ONLY</u> if direct expenditure to benefit C		•	Office sought	1	Office held	
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Accounting/Banking Consulting Expense Event Expense Fees Legal Servi Food/Bever Polling Expense Polling Expense Payee name (a) Category (Contribut Payee add Polling Expense Polling Expense Payee name (a) Category (Contribut Complete ONLY if direct expenditure to benefit C/OH Candida Payee add Polling Expense Payee name (a) Category (Contribut Contribut Complete ONLY if direct expenditure to benefit C/OH Payee OF EXPENDITURE Category (Contribut Contribut Complete ONLY if direct expenditure to benefit C/OH Date OF EXPENDITURE Payee name Mary Tor Payee add 100.00 Date PURPOSE OF EXPENDITURE Category (Contribut Contribut Payee add 100.00 Date Purpose OF EXPENDITURE Category (Contribut Candida Payee name Mary Tor Payee add 100.00	age Expense Travel In Distric nse Travel Out Of D ernse Office Overhead The Instruction Guide explains how t NE IVEN e County Republican ess; City; State; Zip Code IVEI Drive Fort Worth TX 76 See categories listed at the top of this schedule)	Contract Labor Loan raising Expense Tran- t Cont istrict C (Rental Expense OTH o complete this form.	 Repayment/Reimbursement sportation Equipment & Related Expense tributions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above) ACCOUNT # (Ethics Commission Filers)
4/12 Andy Ngu 4 Date 5 Payee nam 10/02/2013 Tarrant () 5 Amount (\$) 7 Payee add 250.00 2405 Gra 8 PURPOSE (a) Category () OF Contribut 9 Complete ONLY if direct expenditure to benefit C/OH Candida 11/07/2013 Payee nam 11/07/2013 Payee nam 11/07/2013 Payee add 100.00 P.O. Box 0F Category () Contribut Candida 100.00 P.O. Box 0F Category () Complete ONLY if direct expenditure to benefit C/OH Candida 100.00 Payee nam 11/13/2013 Payee nam 100.00 P.O. Box 0F Category () Complete ONLY if direct expenditure to benefit C/OH Category () Complete ONLY if direct expenditure to benefit C/OH Category () Complete ONLY if direct expenditure to benefit C/OH Category () Date Payee nam 11/19/2013 Matt Krait Amount (\$) Payee nam	iyen e County Republican ess; City; State; Zip Code ivel Drive Fort Worth TX 76 See categories listed at the top of this schedule) On		3 ACCOUNT # (Ethics Commission Filers)
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11/07/2013 Kelly Har Amount (\$) Payee add 100.00 P.O. Box PURPOSE Category (Contribut OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candida Payee name Mary Tor Amount (\$) Payee add 100.00 P.O. Box Complete ONLY if direct expenditure to benefit C/OH Candida Payee name Mary Tor Amount (\$) Payee add 100.00 P.O. Box Complete ONLY if direct expenditure to benefit C/OH Category (\$ Contribut Complete ONLY if direct expenditure to benefit C/OH Candida Date Payee name 11/19/2013 Matt Krait Amount (\$) Payee name 100.00 8553 N E		Office sought	Office held
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OF EXPENDITURE Contribut Complete ONLY if direct expenditure to benefit C/OH Candida Pate 11/13/2013 Payee nam Mary Tor Amount (\$) Payee add 100.00 P.O. Box PURPOSE oF EXPENDITURE Category (Contribut Complete ONLY if direct expenditure to benefit C/OH Candida Date 11/19/2013 Payee nam Matt Krait Amount (\$) Payee nam Payee add Date Payee nam Matt Krait 11/19/2013 Payee nam Matt Krait 100.00 8553 N E	821349, North Richland Hi	lls TX 76182	
EXPENDITURE Contribute Complete ONLY if direct expenditure to benefit C/OH Candida Pate 11/13/2013 Payee nam Mary Tor Amount (\$) Payee add 100.00 P.O. Box PURPOSE OF EXPENDITURE Category (Contribut Complete ONLY if direct expenditure to benefit C/OH Candida Date 11/19/2013 Payee nam Matt Krat Amount (\$) Payee nam Date Payee nam 11/19/2013 Matt Krat Amount (\$) Payee add 100.00 8553 N E	See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH Candidate Condition Condited Condited Condition Condition Condition Condition	ion		
11/13/2013 Mary Tor Amount (\$) Payee add 100.00 P.O. Box PURPOSE Category (OF Contribut Complete QNLY if direct Candida expenditure to benefit C/OH Candida Date Payee nam 11/19/2013 Matt Krait Amount (\$) Payee add 100.00 8553 N E	te / Officeholder name	Office sought	Office held
100.00P.O. BoxPURPOSE OF EXPENDITURECategory (ContributComplete ONLY if direct expenditure to benefit C/OHCandidaDate 11/19/2013Payee nam Matt Kratt Amount (\$)Payee add 100.008553 N E	e n Curnutt Campaig		
PURPOSE OF EXPENDITURE Category (Contribut Complete ONLY if direct expenditure to benefit C/OH Candida Date 11/19/2013 Payee nam Matt Krat Amount (\$) Payee add 100.00 8553 N E	ress; City; State; Zip Code		
OF EXPENDITURE Contribut Complete ONLY if direct expenditure to benefit C/OH Candida Date Payee nam 11/19/2013 Matt Krat Amount (\$) Payee add 100.00 8553 N E	1241 Arlington, TX 76010		
EXPENDITURE Contribution Complete ONLY if direct expenditure to benefit C/OH Candida Date Payee name 11/19/2013 Matt Kratt Arrount (\$) Payee add 100.00 8553 N E	See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH Candida Date Payee nam 11/19/2013 Matt Krat Amount (\$) Payee add 100.00 8553 N E	ion		T/S 201 ELE
11/19/2013 Matt Kran Amount (\$) Payee add 100.00 8553 N E	te / Officeholder name) Office sought	
11/19/2013 Matt Kran Amount (\$) Payee add 100.00 8553 N E	e		
Amount (\$) Payee add 100.00 8553 N E	ise Campaign		
100.00 8553 N E			
	each Street, PMB 180, Fo	t Worth 76244	A L: 36
		Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE Contribu	See categories listed at the top of this schedule)		
Complete <u>ONLY</u> if direct Candida expenditure to benefit C/OH	,	Office sought	Office held
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POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGORIES		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memonials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor aising Expense strict Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m.
Total pages Schedule F: 5/12	2 FILER NAME Andy Nguyen		3 ACCOUNT # (Ethics Commission Filers)
1 Date 12/30/2013	5 Payee name VAC of Tarrant		
s Amount (\$) 250.00	7 Payee address; City; State; Zip Code 2117 Roosevelt Dr. Dalworthington Gar	rdens, TX 760	13
B PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution	(b) Description	(If travel outside of Texas, complete Schedule T)
Geomplete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	t Office held
Date 12/23/2013	Payee name Tarrant County Republican Party		
		· · · · · · · · · · · · · · · · · · ·	
Amount (\$) 350.00	Payee address; City; State; Zip Code 2405 Gravel Drive Fort Worth, TX 76	118	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Lincoln [Day
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	t Office held
Date 11/20/2013	Payee name Chip Pierce Photography		
	Payee address; City; State; Zip Code		
Amount (\$) 575.00	1608 Steinburg Lane Fort Worth, TX	76134	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	t Office held
Date	Payee name		201 87:
10/04/13	Logo Inc.		
Amount (\$) 98.00	Payee address; City; State; Zip Code		FILE SICKER NORS AD
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other Logo Design	Description ((If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C	•	Office sought	Contraction of the second seco

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POLITICAL	EXPENDITURES		SCHEDULE F
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/F Food/Beverage Expense Travel In Disi Polling Expense Travel Out O	es/Contract Labor undraising Expense trict f District ead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expens Contributions/Donations Made By Candidate/Officeholder/Political Commit OTHER (enter a category not listed above)
Total pages Schedule F: 6/12	2 FILER NAME Andy Nguyen		3 ACCOUNT # (Ethics Commission Fi
Date 09/19/2013	5 Payee name Chase Bank		
Amount (\$) 25.00	7 Payee address; City; State; Zip Code 4500 Little Rd Arlington, TX 7601		· ·
BURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description	1 (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office soug	ht Office held
Date 07/10/2013	Payee name USPS		
Amount (\$)	Payee address; City; State; Zip Cod	e	
78.00	3903 MELEAR DR ARLINGTON 1	X 76015	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	1 (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fee-PO Box		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
10/15/2013	Payee name GoDaddy.com		
Amount (\$) 44.32	Payee address; City; State; Zip Cod	e	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	1 (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fee- website host		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
Date	Payee name		
11/04/2013	GoDaddy.com		NAN HA
Amount (\$)	Payee address; City; State; Zip Cod	e	PHASE PH
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	Fee- website host		014
EXPENDITURE	T CC- WEDSILE HOST		
	Candidate / Officeholder name	Office soug	

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POLITICAL	EXPENDITURES			so	HEDUL	ЕF
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Polling Expense	Salaries/Wages/Cc Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor Loan ising Expense Tran Con rict C lental Expense OTH	n Repayment/Reimbu nsportation Equipmen tributions/Donations I Candidate/Officeholde IER (enter a category	t & Related E Made By r/Political Co	ommittee
1 Total pages Schedule F: 7/12	Andy Nguyen			3 ACCOUNT # (Eth	ics Commiss	ion Filers)
4 Date 09/23/2013	5 Payee name Blue Mesa Grill					
6 Amount (\$) 53.08	7 Payee address; City: Stat Arlington, TX	te; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Food/Beverage Exp		(b) Description (If tra	ivel outside of Texas, com	biete Schedule T	Γ)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held	
Date 09/25/2013	^{Payee name} Piranha Killer Sushi					-
Amount (\$) 52.00	Payee address; City; Sta Arlington, TX	te; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Food/Beverage Ex		Description (If tra	vel outside of Texas, com	olete Schedule 1	[)
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held	
Date 12/12/2013	Payee name Walgreens					
Amount (\$) 219.22	Payee address; City; Stat 4400 W GREEN OAKS BI ARLINGTON, TX 76016	te; Zip Code _VD				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Printing	of this schedule)	Description (If tra		blete Schedule 1	۲۸
Complete <u>QNLY</u> if direct expenditure to benefit C/(Candidate / Officeholder name DH		Office sought	SHOL	Office heid	202 2 T
Date 12/13/2013	Payee name First Graphic Services, In Payee address; City; Sta	IC. te: Zip Code			<u> </u>	
Amount (\$) 5798.95	229 Garvon St. Garland T.			STRATOR	4:37	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Printing	of this schedule)	Description (If tra	vel outside of Texas, com	plete Schedule 1)
Complete <u>ONLY</u> if direct expenditure to benefit Cr	Candidate / Officeholder name /OH		Office sought		Office held	
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NEE	EDED		

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POLITICAL	EXPENDITURES				SCHE	DULE	F
	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	· · · · · · · · · · · · · · · · · · ·			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	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 ising Expense trict Rental Expense	Transportation Contributions/E Candidate/C OTHER (enter	ent/Reimbursem Equipment & Re Donations Made Officeholder/Poli a category not I	lated Exp By tical Com	mittee
1 Total pages Schedule F: 8/12	2 FILER NAME Andy Nguyen			3 ACCO	UNT # (Ethics C	ommissior	n Filers)
4 Date 12/18/2013	5 Payee name Team Spirit						
6 Amount (\$) 699.30	7 Payee address; City; Sta 3014 Iron Stone Ct Arling	te; Zip Code aton, TX 760	006				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Other-Tshirts	of this schedule)	(b) Description	(If travel outside of	Texas, complete S	chedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	I Candidate / Officeholder name DH		Office sough	t	Offic	e heid	
Date 10/16/2013	Payee name Got Print						
Amount (\$)	Payee address; City; Sta	ite; Zip Code					
96.87	Heritage Business Park,	Grapevine, 1	Texas				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Printing	of this schedule)	Description	(If travel outside of	Texas, complete S	chedule T)	
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH		Office sough	t	Offic	e held	
10/04/2013	Payee name Clint Burgess Campaign			4. 4.4.			
Amount (\$)		ite; Zip Code	te of the family of the second se				
300.00	PO Box 1900 Mansfield	IX 76063	T				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside or	Texas, complete S		
EXPENDITURE	Contribution				RY:	201	
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	t		e held	र तराग्र
Date 10/30/2013	Payee name Tom Wilder Campaign					ភ	
Amount (\$)	Payee address; City; Sta	rte; Zip Code			123	7	\sim
100.00	209 W. 2nd. Street. Fort	Worth TX 76	102		STRAT	л. Ц.	YTE
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Contribution	of this schedule)	Description	(If travel outside o	Texas, complete S	chedule T)	
Complete <u>QNLY</u> if direct expenditure to benefit C			Office sough	t	Offic	e held	
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED			

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POLITICAL	EXPENDITURES		SCHEDULE F		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of f	/Contract Labor Lo draising Expense Tra ct Co District d/Rental Expense O1	an Repayment/Reimbursement ansportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)		
1 Total pages Schedule F: 9/12	2 FILER NAME Andy Nguyen		3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name				
07/03/2013	Google				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
12.00					
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	ravel outside of Texas, complete Schedule T)		
EXPENDITURE		Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH				
Date	Payee name				
08/05/2013	Google				
Amount (\$)	Payee address; City; State; Zip Code				
15.00					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	ravel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held		
Date 08/29/2013	Payee name RLRW				
Amount (\$)	Payee address; City; State; Zip Code				
10.00	PO BOX 174431, Arlington, Texas 7	76003			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Fee	Members	hip		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held		
Date	Payee name				
09/03/2013	Google				
Amount (\$) 15.00	Payee address; City; State; Zip Code		ARRAN IN JAN I STONS		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought			
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE			

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10/12 Date 5 09/19/2013 Amount (\$) 7 210.00 PURPOSE (a OF c	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid FILER NAME Andy Nguyen Payee name Arlington Rotary Club	State; Zip Code on TX 76012	ontract Labor Loa ising Expense Trai Con trict C Rental Expense OTh	n Repayment/Reimbursement nsportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above) 3 ACCOUNT # (Ethics Commission Filers)
10/12 Date 5 09/19/2013 Amount (\$) 7 210.00 PURPOSE (a OF c	Andy Nguyen Payee name Arlington Rotary Club Payee address; City; S PO Box 121045 Arlingt Category (See categories listed at the	on TX 76012		3 ACCOUNT # (Ethics Commission Filers)
09/19/2013 Amount (\$) 7 210.00 PURPOSE (a OF (a	Arlington Rotary Club Payee address; City; S PO Box 121045 Arlingt Category (See categories listed at the	on TX 76012		
Amount (\$) 7 210.00 PURPOSE (a OF c	PO Box 121045 Arlingt) Category (See categories listed at the	on TX 76012		
OF [top of this schedule)		
EXPENDITURE			(b) Description (If tra	avel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne	Office sought	Office held
Date 10/03/2013	Payee name Google			
Amount (\$)	Payee address; City;	State; Zip Code	······	
13.00				
PURPOSE OF EXPENDITURE	Category (See categories listed at the Fees	top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nan	ne	Office sought	Office held
11/04/2013	Payee name Google	••••••••••••••••••••••••••••••••••••••		
Amount (\$) 10.00	Payee address; City;	State; Zip Code		
PURPOSE	Category (See categories listed at the	top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees			ST. J R
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nar	ne	Office sought	
Date	Payee name			
	Google			<u> </u>
Amount (\$) 10.00	Payee address; City;	State; Zip Code		RATOR
PURPOSE OF EXPENDITURE	Category (See categories listed at the Fees	top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder nar	ne	Office sought	Office held
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS NE	EDED

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POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of	s/Contract Labor Lo draising Expense Tra ct Co District ad/Rental Expense O1	an Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
Total pages Schedule F: 1/12	² FILER NAME Andy Nguyen		3 ACCOUNT # (Ethics Commission Filers
Date 19/20/2013	5 Payee name USPS		
Amount (\$) 46.00	7 Payee address; City; State; Zip Code 3903 MELEAR DR ARLINGTON TX 7		
3 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other-Stamps	(b) Description (If	travel outside of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought	Office held
Date 10/10/2013	Payee name USPS		
Amount (\$) 18.40	Payee address; City; State; Zip Code 3903 MELEAR DR ARLINGTON T>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other-Stamps	Description (If	travel outside of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C		Office sought	Office held
Date 10/24/2013	Payee name USPS		
Amount (\$) 9.20	Payee address; City; State; Zip Code 3903 MELEAR DR ARLINGTON T		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other-Stamps	Description (If	travel outside of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C		Office sought	
Date 10/08/2013	Payee name Thrive Internet Marketing	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	RRA JAN STEV
Amount (\$) 1182.10	Payee address; City; State; Zip Code 301 S. Center St. Arlington TX 7601		APRIL COU
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other-website	Description (If	travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit		Office sought	f Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	EEDED

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POLITICAL	EXPENDITURES			SCHEDULE	=		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundral Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to be		ontract Labor Loan Repayment/Reimbursement aising Expense Transportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee cental Expense OTHER (enter a category not listed above)				
1 Total pages Schedule F: 12/12	2 FILER NAME Andy Nguyen			3 ACCOUNT # (Ethics Commission F	ilers)		
4 Date 11/12/2013	5 Payee name Thrive Internet Marketing	g		L			
6 Amount (\$) 62.78	7 Payee address; City; Sta 301 S. Center St. Arlingto	ate; Zip Code on TX 76010)				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If trav Other-website			vel outside of Texas, complete Schedule T)			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sought	Office held			
Date 09/19/2013	Payee name Venture Strategic, Inc.			·			
Amount (\$)	Payee address; City; State; Zip Code						
4300.00	2152 Dupont Drive, Suite 210 Irvine CA 92612						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Description (If travel outside of Texas, complete Schedule T						
Complete <u>ONLY</u> if direct expenditure to benefit C/(Candidate / Officeholder name DH		Office sought	Office held			
12/19/2013	Payee name Ownby Consulting						
Amount (\$)	Payee address; City; Sta	ate; Zip Code					
3000.00	PO Box 150852 Arlingtor	n TX 76015					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Consulting	o of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)			
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought		191		
Date	Payee name				ž 2 1		
Amount (\$)	Payee address; City; Sta	ate; Zip Code		5 PH L	SE SE		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)	Ý		
Complete <u>ONLY</u> if direct expenditure to benefit C			Office sought	Office held			
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NEI	EDED			

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