CANDIDA1 CAMPAIGI	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 / OFFICEHOLDER	MS/MRS/MR FIRST	Mi	OFFICE USE ONLY
NAME	Mr. Andy		Date Received
	Nguyen		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		STATE; ZIP CODE	Date Hand-felivered or Postmated
change of address		······································	Receiption Amount
5 CANDIDATE/ OFFICEHOLDER PHONE		EXTENSION	Date Processed > N
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MR. TOM	MI	Date Imaged The Part of the Pa
		SUFFIX	1702 1702
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
	July 15 🔳 8th day before election	Exceeded \$500	treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 02 / 01 / 14 THROUGH	Month Day 02 / 22 /	Yeer 14
11 ELECTION	Month ELECTION DATE ELECTION TYPE Month Day Year Primary 03/04/14	Runoff	General Special
12 OFFICE	OFFICE HELD (IT ANY) TARRANT COUNTY CUMMISSIONER PCT. 2	13 OFFICE SOUGHT (if known)
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(512) 463-5800

(TDD 1-800-735-2080)

CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH COVER SHEET PO2 14 COUNT MANE 15 ACCOUNT # (ENDS CONTINUED OF NOTICE (CONTINUED OF NOTICE) CONTINUED OF NOTICE) 14 COUNT MALEY 15 ACCOUNT # (ENDS CONTINUED OF NOTICE) CONTINUED OF NOTICE) 15 NOTICE FROM COMMITTEE(S) THE BACE OR INFORCE OF CONTINUES BAT AND ABLE AND ADDRESS OF ON CONTINUES OF NOTICE OF NOTICE) 16 NOTICE FROM COMMITTEE (S) THE BACE OR ORIGINAL DEPENDITURES BAT AND ABLE AND ADDRESS OF ON CONTINUES OF NOTICE OF NOTICE) COMMITTEE (S) COMMITTEE NAME COMMITTEE (S) COMMITTEE NAME If a contract of the contract	Texas Etnics Commission	P.O. BOX	12070 Austin, Texas 78711-2070 (512)4	63-5800 (TDD 1-800-735-2989)		
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Sworn to and subscribed before me, by the said <u>Andy Nguyen</u> , this the <u>24</u> day of <u>February</u> , 20 <u>14</u> , to certify which, witness my hand and seal of office. <u>Amanda Au</u> <u>Executive Secretary</u>	AMANDA AU NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 05-16-2016					
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Total pages Schedule F: 2 / 2	2 FILER NAME Andy Nguyen				# (Ethics Commis	sion Filers)
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350.00 PURPOSE OF EXPENDITURE Complete <u>QNLY</u> if direct expenditure to benefit C/ Date OZ/20/14 Amount (\$) 640.00 PURPOSE OF EXPENDITURE Complete <u>QNLY</u> if direct expenditure to benefit C/ Date 02/20/14	Payee address; Ci 5904 S Cooper Ste Category (See categories listed Advertising Candidate / Officeholder OH Payee name Nguoi Viet Dallas, L Payee address; Cit 13426 Whispering H Category (See categories listed Advertising Candidate / Officeholder OH Payee name Lap Van Nguyen	104-104 Arlingto at the top of this schedule) r name LC ty: State; Zip Code Hills Dr. Dallas, T at the top of this schedule) r name	Description Office sough X 75243 Description Office sough	(If travel outside of Texas t	Office held	d e T)
350.00 PURPOSE OF EXPENDITURE Complete <u>QNLY</u> if direct expenditure to benefit C/ Date 02/20/14 Amount (\$) 640.00 PURPOSE OF EXPENDITURE Complete <u>QNLY</u> if direct expenditure to benefit C/ Date 02/20/14 Amount (\$)	Payee address; Ci 5904 S Cooper Ste Category (See categories listed Advertising Candidate / Officeholder OH Payee name Nguoi Viet Dallas, L Payee address; Cit 13426 Whispering H Category (See categories listed Advertising Candidate / Officeholder OH Payee name Lap Van Nguyen Payee address; Ci	104-104 Arlingto at the top of this schedule) r name LC ty: State; Zip Code fills Dr. Dallas, T at the top of this schedule) r name ty: State; Zip Code nd Prairie, TX 75	Description Office sough X 75243 Description Office sough	(If travel outside of Texas t	Office held	1 • T) d

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SCHEDULE A

			1 Total pages Sch	pedule A.
The	Instruction Guide explains how to complete this	s form.	- Total pages SCI	1/4
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
02/22/14	TCLEA GPAC		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code	· · · · · · · · · · ·		567.00
	904 Collier Street Fort Worth, Texas	76102		
		10102		
0 Driveland			1	of Texas, complete Schedule T)
9 Phncipal occur	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of	In-kind contribution
02/10/14	Michael Boyter	1	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		500.00	1
	3217 Sapphire St., Bedford TX 7602	1		
	·			of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor 🛛 out-of-state PAC (ID#_)	Amount of	In-kind contribution
02/20/14	Long Nguyen		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		100.00	1
	3108 Atrium Dr., Grand Prairie, TX 7	5052		
	,,, ,,,,,,,,,,,,,,,,,,,			
Dringingly of		Employer (Per-		of Texas, complete Schedule T)
retired	pation / Job title (See Instructions)	Employer (See	matructions)	
Date	Full name of contributor 🛛 out-of-state PAC (ID#_)	Amount of	In-kind contribution
02/07/14	NgocAnh Tran		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		300.00	
	410 Rolanda Ln, Kennedale, TX 760	60		1
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
retired	• • •		-	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
02/17/14	Tom Ritter		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		100.00	
	812 Riviera Dr. Mansfield, TX 76063			ELE 20
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Ritter and Assoc		Realtor	,	
				23 -
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: 2 / 4
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Andy Nguy	en			
4 Date	5 Full name of contributor 📋 out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
02/17/14	TRANG, THANH		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		100.00	
	910 Morning Sun Ln, Mc Gregor, TE	76657		1 1
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup SELF-EMPLOYE	pation / Job title (See Instructions) E	10 Employer (See I	Instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of	In-kind contribution
02/19/14	Washington, Bernice J.		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		100.00	
	4359 Highlander Dr. Dallas, TX 7528	7		1
			(If travel outside	of Texas, complete Schedule T)
	bation / Job title (See Instructions)	Employer (See I	**************************************	
President/CEO		Urgent Plus Care		
Date	Full name of contributor 🛛 out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/21/14	Ninh, Karl		contribution (3)	description (ir applicable)
	Contributor address; City; State; Zip Code		100.00	
	2316 Valleywood Dr. Carrollton, TX 7	5006-7769		
			(If travel outside	of Texas, complete Schedule T)
Principal occup Software Enginee	pation / Job title (See Instructions) f	Employer (See I McLane Company	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of	In-kind contribution
02/22/14	Trong, Tran		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		25.00	1
	3605 Big Bear Lake Ct. Arlington, TX	76016		
			(If travel outside	of Texas, complete Schedule T)
Principal occup retired	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
02/10/14	John Foster	······································	contribution (\$)	description (if applicable)
02/10/14	Contributor address; City; State; Zip Code		5000.00	
	1201 Watson Rd. Arlington, TX 7600	6	BY:	
	1201 Watson Nd. Anington, 1X 7000	0	* *	
(If travel outside of Texas, complete Schedule T)				
Principal occu Self-Empl	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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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	edule A: 3 / 4
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Andy Nguy	en			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	7 Amount of	8 In-kind contribution
02/10/14			contribution (\$)	description (if applicable)
02/10/14	Linda Dipert		250.00	1
	6 Contributor address; City; State; Zip Code		200.00	1
	1512 Killian Dr, Arlington, TX 76013			I .
			(If travel outside	l of Texas, complete Schedule T)
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor 🗌 out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/10/14	Dan Dipert			
	Contributor address; City; State; Zip Code		200.00	
	1512 Killian Dr, Arlington, TX 76013			
	-			
Principal occur	antion / lob title (See Instructions)	Employer (See 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
02/10/14	Lam Van Cao		contribution (\$)	description (if applicable)
02/10/14			25.00	1
	Contributor address; City; State; Zip Code	10	25.00	1
	1602 Creede Ave., Arlington, TX 760	18		
			(If travel outside	 of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		
retired				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	In-kind contribution
02/10/14	Larry Wallace		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		100.00	
	2808 Lakeshore Dr. Arlington, TX 76	013		
		010		
·				of Texas, complete Schedule T)
Principal occup Realtor	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#		Amount of	In-kind contribution
02/14/14		·······	contribution (\$)	description (if applicable)
02/14/14	Alan Petschue		250.00	1
	Contributor address; City; State; Zip Code	70400	200.00	1
	3850 Bellaire Circle, Fort Worth, TX	/6109	Ð	
			 If travel outside)	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		= $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$
self empl				
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SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	edule A: 4 / 4
2 FILER NAME Andy Nguye	en		3 ACCOUNT # (E	thics Commission Filers)
4 Date 02/10/14	5 Full name of contributor out-of-state PAC (ID# BB Holland 6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
	3647 Enchanto Dr. Fort Worth, TX 70	6109		
			(if travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I Fuelman Network	nstructions)	
_{Date} 02/10/14	Full name of contributor Dout-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		100.00	1
	2707 Park Run Dr. Arlington, TX 760	16		
Principal accur	action / lob title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
attomey	pation / Job title (See Instructions)	Employer (See 1	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/10/14	Neal Adams			
	Contributor address; City; State; Zip Code		500.00	
	3950 Highway 360, Grapevine, TX 7	6051		
			(If travel outside	 of Texas, complete Schedule T)
Principal occup attorney	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/10/14	Stacy Ronda Contributor address; City; State; Zip Code		500.00	
	3950 Highway 360, Grapevine, TX 7	6051		8
		•	(If travel outside	i of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
attorney	r			
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	description (if applicable)
02/10/14	John Lynch		500.00	B B ST
	Contributor address; City; State; Zip Code 5301 Miramar Ln. Colleyville, TX 760	134		P F T
	5501 Wiramar En. Coneyvine, TX 700			1 2 30
D.L.J.		E-minute (D-		of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	Instructions)	
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