

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:  
10

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
MR. ANDY  
NICKNAME LAST SUFFIX  
NGUYEN

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

change of address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
MR. TOM  
NICKNAME LAST SUFFIX  
HA

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 (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
07 / 01 / 2014 09 / 25 / 2014

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
11 / 04 / 2014

12 OFFICE

OFFICE HELD (if any)

COUNTY COMMISSIONER  
TARRANT, Pct. 2

13 OFFICE BOUGHT (if known)

SAME

GO TO PAGE 2

### OFFICE USE ONLY

Date Received: OCT 3 2014  
Date Hand-delivered or Postmarked:  
Receipt #  
Amount  
Date Processed  
Date Imaged

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** ANDY NGUYEN **15 ACCOUNT # (Ethics Commission Filers)**

**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 OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,525.00 <del>11,076.00</del>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,657.23
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,038.09
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Andy Nguyen*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Nguyen, this the 2 day of October, 20 14, to certify which, witness my hand and seal of office.

*Amanda Au*      Amanda Au      Executive Secretary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1/4	
2 FILER NAME <b>ANDY NGUYEN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>08/24/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NGUYEN, PHILIP</b> 8 Contributor address; City; State; Zip Code <b>888 S GREENVILLE AVE RICHARDSON, TX 75081</b>	7 Amount of contribution (\$) <b>500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <b>SELF EMPL.</b>	
Date <b>09/13/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LA, CHARLES</b> Contributor address; City; State; Zip Code <b>3320 Centenary Ave. Dallas, TX 75225</b>	Amount of contribution (\$) <b>100.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>SELF EMPL.</b>	
Date <b>09/13/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAO, HUNG</b> Contributor address; City; State; Zip Code <b>8825 Casa Grande Drive Plano, TX 75025</b>	Amount of contribution (\$) <b>50.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>09/13/04</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRAVENS, TOM</b> Contributor address; City; State; Zip Code <b>501 E. Fielder Rd. Arlington, TX 76013</b>	Amount of contribution (\$) <b>500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>09/25/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ARLINGTON REPUBLICAN CLUB PWR-PAC</b> Contributor address; City; State; Zip Code <b>PO BOX 14095, ARLINGTON, TX 76094</b>	Amount of contribution (\$) <b>\$250.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2/4

2 FILER NAME

ANDY NGUYEN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/23/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

FREESE AND NICHOLAS PAC

6 Contributor address; City; State; Zip Code

4055 INTERNATIONAL PLAZA, STE. 200  
FORT WORTH, TX 76109

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/23/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

GIB LEWIS

Contributor address; City; State; Zip Code

2300 RACE ST. FORT WORTH, TX 76111

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF EMPL.

Date

09/24/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

HON. GLEN WHITLEY

Contributor address; City; State; Zip Code

345 CHARLESTON PL. HURST, TX 76054

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

COUNTY JUDGE

TARRANT COUNTY

Date

09/24/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DAVID W. WYLIE

Contributor address; City; State; Zip Code

5404 SUMMIT PEAK DR. ARLINGTON, TX 76017

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF EMPL.

Date

09/15/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

GARY E. REYNOLDS

Contributor address; City; State; Zip Code

PO BOX 370 EULESS, TX 76039

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Reynolds Asphalt & Const.

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3/4	
2 FILER NAME ANDY NGUYEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) METO MITEFF 6 Contributor address; City; State; Zip Code 4453 CRESTLINE RD. FORT WORTH, TX 76107	7 Amount of contribution (\$) \$1000.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)  OCT-3 FILER STATE ETHICS COMMISSION
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) Reynolds Asphalt & Const.	
Date 08/08/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REAGAN LEGACY REPUBLICAN WOMAN PAC Contributor address; City; State; Zip Code PO BOX 174431 ARLINGTON, TX 76003	Amount of contribution (\$) \$375.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOOD GOVERNMENT FUND Contributor address; City; State; Zip Code 201 MAIN ST. FORT WORTH, TX 76102	Amount of contribution (\$) \$2000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PSEL PAC Contributor address; City; State; Zip Code 201 MAIN ST. #2500 FORT WORTH, TX 76102	Amount of contribution (\$) \$2000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY HART PAC Contributor address; City; State; Zip Code 201 MAIN ST. FORT WORTH, TX 76102	Amount of contribution (\$) \$1000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4/4	
2 FILER NAME ANDY NGUYEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/17/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD P. BASS 6 Contributor address; City; State; Zip Code 201 MAIN ST. FORT WORTH, TX 76102	7 Amount of contribution (\$) \$1500.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) SELF EMPL.	
Date 09/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORT WORTH REPUBLICAN WOMEN Contributor address; City; State; Zip Code PO BOX 101613, FORT WORTH, TX 76185	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS GAVRAS Contributor address; City; State; Zip Code 1301 THROCKMORTON #2105, FORT WORTH, TX	Amount of contribution (\$) 225.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) EVENT HELD AT FORT WORTH CLUB
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF EMPL.	
Date 09/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KASEY S. PIPES Contributor address; City; State; Zip Code 421 W. THIRD ST., # 900, FORT WORTH, TX 76102	Amount of contribution (\$) \$225.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) EVENT HELD AT FORT WORTH CLUB
Principal occupation / Job title (See Instructions) CONSULTING		Employer (See Instructions) CORLEY & PIPES	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1/4	<b>2</b> FILER NAME ANDY NGUYEN	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 07/22/14	<b>5</b> Payee name MAILCHIMP.COM
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<b>6</b> Amount (\$) 30.00	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 08/22/14	<b>Payee name</b> MAILCHIMP.COM
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<b>Amount (\$)</b> 25.00	<b>Payee address;</b> City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 09/22/14	<b>Payee name</b> MAILCHIMP.COM
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<b>Amount (\$)</b> 25.00	<b>Payee address;</b> City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 07/01/14	<b>Payee name</b> BOOT CAMPAIGN
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<b>Amount (\$)</b> 50.00	<b>Payee address;</b> City; State; Zip Code 3603 Old JACKSONVILLE HGWY. TYLER, TX 75701
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) DONATION	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2/4		<b>2</b> FILER NAME ANDY NGUYEN		<b>3</b> ACCOUNT # (Ethics Commission Filer)	
<b>4</b> Date 08/04/14		<b>5</b> Payee name DAVID WOODRUFF CAMPAIGN			
<b>6</b> Amount (\$) \$100.00		<b>7</b> Payee address; City; State; Zip Code 1134 LONE IVORY TRL ARLINGTON, TX 76005			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) DONATION		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> 07/24/14		<b>Payee name</b> GILMAN, MARY			
<b>Amount (\$)</b> \$63.99		<b>Payee address; City; State; Zip Code</b> 1910 PAVIA COURT, ARLINGTON, TX 76006			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) EVENT EXPENSE		<b>Description</b> (If travel outside of Texas, complete Schedule T) ARLINGTON JULY 4TH PARADE <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> 08/25/14		<b>Payee name</b> AWESOME BLOSSOMS			
<b>Amount (\$)</b> \$20.00		<b>Payee address; City; State; Zip Code</b> 100 S. HAMPSHIRE ST. SAGINAW, TX 76179			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) GIFT		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> 08/14/14		<b>Payee name</b> TICKETPRINTING.COM			
<b>Amount (\$)</b> 147.59		<b>Payee address; City; State; Zip Code</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) PRINTING EXPENSE		<b>Description</b> (If travel outside of Texas, complete Schedule T) TICKETS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3/4	<b>2</b> FILER NAME ANDY NGUYEN	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 09/25/14	<b>5</b> Payee name PRINT PLACE
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<b>6</b> Amount (\$) 1105.89	<b>7</b> Payee address; City; State; Zip Code 1130 AVE H EAST, ARLINGTON, TX 76011
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 09/12/14	<b>Payee name</b> AMERICAN AIRLINE.COM
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<b>Amount (\$)</b> 463.90	<b>Payee address; City; State; Zip Code</b>
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) TRAVEL	(b) Description (If travel outside of Texas, complete Schedule T) CHRIS & SHANDON PHAN <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 07/03/14	<b>Payee name</b> GOOGLE.COM
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<b>Amount (\$)</b> 30.00	<b>Payee address; City; State; Zip Code</b>
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 09/02/14	<b>Payee name</b> ARLINGTON REPUBLICAN CLUB
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<b>Amount (\$)</b> 60.00	<b>Payee address; City; State; Zip Code</b> PO BOX 14095 ARLINGTON, TX 760094
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 4/4	<b>2</b> FILER NAME ANDY NGUYEN	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 09/02/14	<b>5</b> Payee name OFFICE DEPOT
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<b>6</b> Amount (\$) 50.74	<b>7</b> Payee address; City; State; Zip Code ARLINGTON, TX
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) OTHER	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) PAPER & INK <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 07/24/14	<b>Payee name</b> TRANSAXT.COM
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<b>Amount (\$)</b> \$36.25	<b>Payee address; City; State; Zip Code</b>
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) FEES	<b>Description</b> (If travel outside of Texas, complete Schedule T) DONATION PROCESSING <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 08/19/14	<b>Payee name</b> USPS
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<b>Amount (\$)</b> \$293.87	<b>Payee address; City; State; Zip Code</b> 4108 SW GREEN OAKS BLVD. ARLINGTON, TX 76017
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) OTHER	<b>Description</b> (If travel outside of Texas, complete Schedule T) STAMPS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 09/15/14	<b>Payee name</b> CRAIG OWNBY
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<b>Amount (\$)</b> \$9155.00	<b>Payee address; City; State; Zip Code</b> PO BOX 150852 ARLINGTON, TX 76015
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) CONSULTING	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED