CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commiss	sion Filers)	2 Total pages filed: 40	
	CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mr. Andy	MI		OFFICE USE ONLY
-	NAME	NICKNAME LAST Nguyen	SUF	FIX	TARRAN FRANK
	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	CODE	ANK PHILLIE
	Change of Address				PS PS
	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION		Date Hand-deterred or Tale Postmarked
6	CAMPAIGN TREASURER	MS / MRS / MR FIRST Mr. Tom	МІ		Receipt # Amount \$
	NAME	NICKNAME LAST		FIX	Date Processed
		Ha			Date Imaged
	CAMPAIGN TREASURER ADDRESS Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT	T / SUITE #; CITY; STA	ATE;	ZIP CODE
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9	REPORT TYPE	January 15 30th day before		\$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
_				-	
10	PERIOD COVERED	Month Day Year 07 / 01 / 2015	THROUGH	Month 12	Day Year 2015 mar
11	ELECTION	ELECTION DATE		TION TYPE	
		Month Day Year Prim		ther escription	
12	OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGH	(T (if known)
		Tarrant County Commissioner P	Pct. 3		
	GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	C/OH NAME ANDY NGUYEN 15 File			(Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES OF POLITICAL EXPENDITURES.	тноит тне ч	ANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		お事 三条型	
	GENERAL			A C CO	
	SPECIFIC	COMMITTEE ADDRESS		JUNTY M 2: 44 LIPS RATOR	
		COMMITTEE CAMPAIGN TREASURER NAME		1	
Additional Pages				1	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		-	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	40,000.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			.00	
	4. TOTAL POLITICAL EXPENDITURES			25,051.71	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			51,076.32	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$.00	
18 AFFIDAVIT					
LISBETH MALDONADO Notary Public, State of Texas My Commission Expires February 17, 2017 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 Signature of Candidate of Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Andy Ngyen, this the 15					
day of <u>January</u> , 20 <u>16</u> , to certify which, witness my hand and seal of office.					
fittfelle Lisbeth Maldonado Notary Public					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME ANDY NGUYEN	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 40,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	18	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$ 25,051.71	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRI	BUTIONS	\$

TARRANT COUNTY
2016 JAN 15 PM 2:1
FRANK PHILLIPS
ADMINISTRA

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pag	ges Schedule A1: / 26
2 FILER NAME	ANDY NGUYEN	3 Filer ID	(Ethics Commission Filers)	
4 Date	Linebarger Goggan Blair & Sampson, LL		7 Amount	of contribution (\$)
07/30/15 '	6 Contributor address; City; State 100 Throckmorton, Suite 300 Fort Worth	1	5000.0	0
8 Principal occu ATTORNE	pation / Job title (See Instructions) EY	9 Employer (See Instruct	ions)	
Date	Full name of contributor	; (ID#:)	Amount	t of contribution (\$)
08/24/15	Contributor address; City; State P.O. Box 282 Fort Worth, TX 76101		200	
Principal occup District Atto	nation / Job title (See Instructions) rney	Employer (See Instruct Tarrant County	ions)	
Date Full name of contributor			Amoun	t of contribution (\$)
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	; (ID#:)	Amoun	t of contribution (\$)
08/24/15	Contributor address; City; State 4015 Shady Valley Dr. Arlington, TX 760	e; Zip Code	50	T. 201 ELEC BY:
Principal occup retired	pation / Job title (See Instructions)	Employer (See Instruct	ions)	ARRAN
				LED IT COUNTY 5 PM 2: 44 PHILLIPS ADMINISTRATOR
		NAME OF THE OWNER O		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 / 26
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)
4 Date 08/24/15	5 Full name of contributor ☐ out-of-state PAC Birdwell, Wade & Elizabeth 6 Contributor address; City; State 2107 Perry Dr. Mansfield, TX 76063	; Zip Code	7 Amount of contribution (\$) 100
8 Principal occu Texas Stat	pation / Job title (See Instructions) e Senator	9 Employer (See Instructi	ons)
Date 08/24/15	Full name of contributor		Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 08/24/15	Le, Kim Thi	(ID#:)	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 08/24/15	Busby, William	(ID#:) ; Zip Code	Amount of contribution (\$) 50
The second secon	1501 W Spurgeon St. Fort Worth, TX 76	115	TARR 2016 JA ELECTIO
Principal occup	oation / Job title (See Instructions)	Employer (See Instructi	A AND AND AND AND AND AND AND AND AND AN
			ED COUNTY PM 2: 44 PMLLIPS ATOR

SCHEDULE A1

*			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 / 26
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)
4 Date 08/24/15	5 Full name of contributor ☐ out-of-state PAC McDermott, Grace 6 Contributor address; City; State 2114 Franklin Dr. Arlington, TX 76011	; (ID#:)	7 Amount of contribution (\$) 100
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct USPAACC-SW	ions)
Date Full name of contributor Out-of-state PAC (ID#:) Date Berdeja, Rosa Maria Contributor address; City; State; Zip Code 3245 Winding Ridge Cir. Mansfield, TX 76063			Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/24/15	Zedler, Bill & Ellen Contributor address; City; State 5502 Hidden Trails Dr. Arlington, TX 7601	7-2624	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Rep.	Employer (See Instruct	lions)
Date 08/24/15	Nguyen, Jimmy	: (ID#:) :; Zip Code	Amount of contribution (\$) 100 BY: FRANK P TARRANT TARRANT FRANK P TOTAL P TARRANT TARRANT TARRANT TARRANT
Principal occu Tech	pation / Job title (See Instructions)	Employer (See Instruct	무표 이미
			DUNTY PM 2: 44 LIPS NISTRATOR

SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule 4 / 26	e A1:	
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribut	ion (\$)
08/24/15	Chong, Myong		200	
	6 Contributor address; City; State;	Zip Code	200	
	2733 River Forest Dr. Fort Worth, TX 761	16		
8 Principal occup self Empl.	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribu	tion (\$)
00/04/45	Cung, Bo			-
08/24/15	Contributor address; City; State	Zip Code	500	
	8033 Sunscape Lane Fort Worth, TX 76			
Principal occup Retired	eation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribu	tion (\$)
08/24/15	Tinderholt, Tony			
06/24/13	Contributor address; City; State;		100	
	3800 Park Manor Ct. Arlington, TX 76017	.		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribu	ition (\$)
08/24/15	Wright, Ron			
06/24/15	Contributor address; City; State	; Zip Code	100	, ,, -
	5505 Overridge Dr. Arlington, TX 76017		8 E	70
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	RI RI
Tax Ass.		tarrant County	5	ARRANI 16 JAN
			72	5 5
			C	5 P
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				T COUNTY 15 PM 2: 45 K PHILLIPS ATOR
				g 5
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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5 / 26
2 FILER NAME	ANDY NGUYEN	3 Filer ID (Ethics Commission Filers)
4 Date 08/24/15	Full name of contributor	7 Amount of contribution (\$) 1000
8 Principal occup Self Emp.	pation / Job title (See Instructions) 9 Employer (See Instru	ructions)
Date 08/24/15	Full name of contributor	Amount of contribution (\$) 5000.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date 08/25/15	Full name of contributor	Amount of contribution (\$)
Principal occup Self Emp.	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date 08/25/15	Full name of contributor	_) Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	TAI
		FILED RANT COUNTY ANN 15 PM 2: 45 ANN PHILLIPS ONS ADMINISTRATOR

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 / 26
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)
4 Date 08/25/15	Dipert, Dan & Linda 6 Contributor address; City; State; 1512 Killiar Dr. Arlington, TX 76013	(ID#:) Zip Code 9 Employer (See Instruct	7 Amount of contribution (\$) 100
Self Emp.			
Date 08/25/15	Full name of contributor out-of-state PAC Cravens, Tom & Diana Contributor address; City; State 501 E. Fielder Rd. Arlington, TX 76013	(ID#:) ; Zip Code	Amount of contribution (\$)
Principal occup Retired	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/25/15	Full name of contributor	Zip Code	Amount of contribution (\$) 200
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 08/25/15	Reynolds - Gary E.	(ID#:)	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Reynolds Asphalt	& Const. TARF
			TARRANT COUNTY 1016 JAN 15 PH 2: 45 11 FRANK PHILLIPS BY: BY: 12 FRANK ADVINISTRATOR

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 7 / 26
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)
4 Date 08/25/15	5 Full name of contributor □ out-of-state PAC Goddard, Monty 6 Contributor address; City; State: 1301 Fairfax Dr. Mansfield, TX 76063	(ID#:) ; Zip Code	7 Amount of contribution (\$) 50
8 Principal occu Banker	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 08/25/15	Full name of contributor	· '	Amount of contribution (\$) 500
Findipal occup	iation / Job title (Jee instructions)	Employer (See instruct	ions
Date 08/25/15	Carrier, Judith J.	; (ID#:); Zip Code	Amount of contribution (\$)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 08/25/15	Korman, Donna	; Zip Code X 76016	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction AISD	tions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	TARRANT COUNTY 2016 JAN 15 PM 2: 45 2016 JAN 15 PM 2: 45 ELECTIONS ADMINISTRATOR BY:
	if contributor is out-of-state PAC, please see insti		

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8 / 26		
2 FILER NAME	ANDY NGUYEN	3 Filer ID (Ethics Commission Filers)		
4 Date 08/25/15	 Full name of contributor out-of-state PAC (ID#:) Lewis, Gib Contributor address; City; State; Zip Code 2300 Race St. Fort Worth, TX 76111-1225 	7 Amount of contribution (\$)		
8 Principal occup Self Emp.	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date 08/25/15	Full name of contributor	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date 08/25/15	Full name of contributor	Amount of contribution (\$)		
Principal occup Self Empl.	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date 08/25/15	Full name of contributor out-of-state PAC (ID#:) Petsche, Alan & Bonnie Contributor address; City; State; Zip Code 3850 Bellaire Cir. Fort Worth, TX 76109	Amount of contribution (\$) 250		
Principal occup Self Emp.	eation / Job title (See Instructions) Employer (See Instructions)	tions)		
		RRANT COUNTY JAN 15 PM 2: 45 FRANK PHILLIPS CTIONS AGHINISTRATOR		
. # *	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED .		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 9/26
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)
4 Date 08/25/15	5 Full name of contributor out-of-state PAC Fickes, Gary 6 Contributor address; City; State 4021 Hilltop Dr. Southlake, TX 76092		7 Amount of contribution (\$) 100
Commissio		9 Employer (See Instruct Tarrant County	aons)
Date 08/25/15	Full name of contributor out-of-state PAC Young, Everett L. Contributor address; City; State 7108 Bettis Dr. Fort Worth, TX 76133	; Zip Code	Amount of contribution (\$)
Principal occup Judge	pation / Job title (See Instructions)	Employer (See Instruct Tarrant County	ions)
Date 08/25/14	Full name of contributor	•	Amount of contribution (\$)
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 08/25/15	Full name of contributor out-of-state PAC Good Government Fund Contributor address; City; State 201 Main Street Fort Worth, TX 76102	; Zip Code	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	tions)
			TARRANT COUNTY 2016 JAN 15 PM 2: L FRANK PHILLIPS FRANK ADMINISTRA
	ATTACH ADDITIONAL COPIES O		EEDED S 50

SCHEDULE A1

The	Instruction Guide explains how to complete this form	n. 1	Total pages Schedule A1: 10 / 26
2 FILER NAME	ANDY NGUYEN	3	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7	7 Amount of contribution (\$)
08/25/15	Pham, Thanh Van		200
	6 Contributor address; City; State; Z	ip Code	
	67 Misty Mesa Trail Mansfield, TX 76063		
8 Principal occur Self Empl.	pation / Job title (See Instructions) 9	Employer (See Instruction	ns)
Date	Full name of contributor)	Amount of contribution (\$)
08/25/15	Thomas A. Wilder		
	Contributor address; City; State; Z	ip Code	100
	209 W. 2nd. Street. Fort Worth, TX 76102		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction Tarrant County	ns)
Date	Full name of contributor		Amount of contribution (\$)
08/25/15	Nguyen, Jimmy		100
	Contributor address; City; State; Z	ip Code	100
	1013 Meadow Circle N Keller, TX 76248		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor		Amount of contribution (\$)
08/25/15	Dinh, Dai Contributor address; City; State; Zi	p Code	200
	3300 Landhope Cir. Arlington, TX 76016		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	o - 🔀
			TAR 2016.
			FILED IARRANT COUNTY III JAN 15 PM 2: 4 PRAKK PHILLIPS ECTIONS ADMINISTRATO Y:
			IS ASH
			LED T COUNTY 5 PM 2: 45 PHILLIPS ADMINISTRATOR
			JNTY 2: 45 PS STRATOR
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SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 11 / 26
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)
4 Date 08/24/15	5 Full name of contributor ☐ out-of-state PAC Le, Kim Thi 6 Contributor address; City; State; 519 Laura Ln. Grand Prairie, TX 75052	(ID#:)	7 Amount of contribution (\$) 100
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 08/25/15	Full name of contributor	(ID#:) ; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/25/15	Full name of contributor		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 08/25/15	Fitzpatrick, Kimberly	; Zip Code dens, TX 76016	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
			ARRANT COUNTY 16 JAN 15 PM 2: 45 FRANK PHILLIPS ECTIONS ADMINISTRATOR Y:
	ATTACH ADDITIONAL COPIES O		

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

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 12 / 26	
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission	n Filers)
4 Date 08/25/15	5 Full name of contributor ☐ out-of-state PAC Quick, 6 Contributor address; City; State 5910 Moss Dr. Arlington, TX 76016	(ID#:) 2; Zip Code	7 Amount of contribution (\$	\$)
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
08/25/15	Contributor address; City; State 410 Rolanda Ln. Kennedale, TX 76060		300	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 08/25/15	Menikos, Tim & Tricia	c (ID#:)	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Tarrant County	iions)	
Date 08/25/15	Ha, Tom	c (ID#:) e; Zip Code	Amount of contribution (.
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TARRANT O
			HILLIPS	ED YINGS

SCHEDULE A1

ANDY NGUYEN 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 08/25/15 Sargent, David 1000 6 Contributor address; City: State: Zip Code 3101 Shadow Dr. W Arlington, TX 76006 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 08/25/15 Sykes, Margaret Pace City: State: Zip Code 2000 Spanish Trail Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Empl. Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Pace, Gary Contributor address; City: State: Zip Code 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Pace, JC & Ann Out-of-state PAC (ID#: Amount of contribution (\$) Pace, JC & Ann Contributor out-of-state PAC (ID#: Amount of contribution (\$) Pace, JC & Ann Contributor out-of-state PAC (ID#: Amount of contribution (\$) Pace, JC & Ann Contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)				
A Date 5 Full name of contributor out-of-state PAC (IDP: 7 Amount of contribution (\$) 08/25/15 Sargent, David 1000 6 Contributor address; City: State: Zip Code 3101 Shadow Dr. W Arlington, TX 76006 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDP: Amount of contribution (\$) 08/25/15 Sykes, Margaret Pace City: State: Zip Code 2000 Spanish Trail Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Empl. Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDP: Amount of contribution (\$) Pace, Gary Amount of contribution (\$) Pace, Gary Contributor address: City: State: Zip Code 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDP: Amount of contribution (\$) Pace, JC & Ann Out-of-state PAC (IDP: Amount of contribution (\$) Pace, JC & Ann Out-of-state PAC (IDP: Amount of contribution (\$) Pace, JC & Ann Contributor out-of-state PAC (IDP: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employe	The	Instruction Guide explains how to complete this	form.	
Sargent, David 6 Contributor address; City; State; Zip Code 3101 Shadow Dr. W Arlington, TX 76006 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date 08/25/15 Sykes, Margaret Pace Contributor address; City; State; Zip Code 2000 Spanish Trail Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Pace, Gary Contributor address; City; State; Zip Code 420 Throckmorton Suite 710 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Pace, Gary Contributor address; City; State; Zip Code 420 Throckmorton Suite 710 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions)	2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)
Self Empl. Date Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$) Sykes, Margaret Pace 500 Contributor address; City: State: Zip Code 2000 Spanish Trail Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Empl. Date Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$) Pace, Gary Contributor address: City: State: Zip Code 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$) Pace, JC & Ann Out-of-state PAC (IDF: Amount of contribution (\$) Contributor address: City: State: Zip Code 500 420 Throckmorton Suite 710 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Sargent, David 6 Contributor address; City; State	; Zip Code	
Sykes, Margaret Pace Contributor address; City; State; Zip Code 2000 Spanish Trail Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Pace, Gary Contributor address; City; State; Zip Code 420 Throckmorton Suite 710 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDF: Amount of contribution (\$) Pace, JC & Ann Contributor address; City; State; Zip Code 420 Throckmorton Suite 710 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)	•	Sykes, Margaret Pace Contributor address; City; State	; Zip Code	
Pace, Gary Contributor address; City; State; Zip Code 420 Throckmorton Suite 710 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Pace, JC & Ann Contributor address; City; State; Zip Code 420 Throckmorton Suite 710 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions)		pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date Full name of contributor Pace, JC & Ann Contributor address; City; State; Zip Code 420 Throckmorton Suite 710 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Pace, Gary Contributor address; City; State	Zip Code	
Pace, JC & Ann Contributor address; City; State; Zip Code 420 Throckmorton Suite 710 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
ELECTIONS BY:		Pace, JC & Ann Contributor address; City; State		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	B EL 20
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				ANT COUNTY N 15 PM 2: 45 N FHILLIPS AS ADMINISTRATOR

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.		ges Schedule A I / 26	M1 :	
2 FILER NAME	ANDY NGUYEN	3	3 Filer ID	(Ethics Commi	ssion Filers)	
4 Date 08/25/15	 Full name of contributor		7 Amount 500	of contributio	n (\$)	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)	***		
Date 08/25/15	Full name of contributor	(ID#:)		of contributio	n (\$)	
00/20/10	Contributor address; City; State 2111 N. Collins # 323 Arlington, TX 760	•	200			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
Date	Full name of contributor	(ID#:)	Amount	of contribution	on (\$)	
08/25/15	Contributor address; City; State; 2643 Water Edge Dr. Grand Prairie, TX	•	200			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
Date 08/25/15	Vinh, Tuan	I	Amount	t of contribution	on (\$)	
	Contributor address; City; State 727 Turnstone Dr. Arlington, TX 76018	; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	•	33.73 33.73	7A 2016	
				FRARK PHILLIPS TIONS ADMINISTRATOR	RRANT COUNTY JAN 15 PM 2: 45	ก = กุ
e e e e e e e e e e e e e e e e e e e				RATOR	. 1 2	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15 / 26
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)
4 Date 08/25/15	Nguyen, Thao T		7 Amount of contribution (\$) 50
Date 08/25/15	Full name of contributor	(ID#:); Zip Code	Amount of contribution (\$) 200
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 08/25/15	Nguyen, Yen	(ID#:) ; Zip Code	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 08/25/15	Full name of contributor		Amount of contribution (\$)
Principal occu Office Man	upation / Job title (See Instructions) lager	Employer (See Instruct	tions)
			FILED ARRANT COUNTY 6 JAN 15 PM 2: 45 FRANK PHILLIPS CTIONS ADMINISTRATOR

SCHEDULE A1

			VIII - 1,1 -
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 16 / 26
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)
4 Date 08/25/15	 5 Full name of contributor	1	7 Amount of contribution (\$) 200
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 08/25/15	Full name of contributor	; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/25/15	Hayes, Matt & Brenda	; Zip Code	Amount of contribution (\$) 200
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc Tarrant County	tions)
Date 08/25	Full name of contributor		Amount of contribution (\$)
Principal occup Self Empl.	pation / Job title (See Instructions)	Employer (See Instruc	701 2011
			FILED RRANT COUNTY JAN 15 PH 2: 45 FRANK PHILLIPS CTIONS ADMINISTRATOR

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 17 / 26
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)
4 Date 08/25/15	Martin, Gary C.	(ID#:)	7 Amount of contribution (\$) 500
	6 Contributor address; City; State; 3100 Sprocked Dr Arlington, TX 76015	; Zip Code	
8 Principal occu Self Empl.	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Cook, David & Tony	(ID#:)	Amount of contribution (\$)
08/25/15	Contributor address; City; State 1632 Piccadilly Mansfield, TX	; Zip Code	250
Principal occu Self Empl.	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	_	(ID#:)	Amount of contribution (\$)
08/25/15	Moloney, Tim & Mary Contributor address; City; State; 2008 Rumson Dr. Arlington, TX 76006	; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/25/15	Gilbreath, Dolores Contributor address; City; State	; Zip Code	50
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	20 20 ELE BY
			FILED IARRANT COUNTY II6 JAN 15 PM 2: 45 FRANK PHILLIPS ECTIONS ADMINISTRATOR
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SCHEDULE A1

The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 18 / 26
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)
4 Date 08/25/15	5 Full name of contributor ☐ out-of-state PAC McBride, Karen 6 Contributor address; City; State; 6239 Rendon New Hope Road Fort Worth		7 Amount of contribution (\$) 50
8 Principal occ		9 Employer (See Instruction Tarrant County	tions)
Date 08/25/15	Full name of contributor	(ID#:) ; Zip Code	Amount of contribution (\$) 250
Principal occu Engineer	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 08/25/15	Full name of contributor		Amount of contribution (\$) 250
Principal occu Self Empl.	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 08/25/15	Curnutt, Mary Tom	; (ID#:)	Amount of contribution (\$)
Principal occi JP	upation / Job title (See Instructions)	Employer (See Instruc Tarrant County	20 ELL 80
			ARRANT COUNTY 16 JAN 15 PM 2: 45 FRANK PHILLIPS ECTIONS ADMINISTRATOR

SCHEDULE A1

e Instruction Guide explains how to complete this	form.	1 Total pages S 19 / 26	
ANDY NGUYEN		3 Filer ID (Ethic	es Commission Filers)
Menikos, Tim & Tricia		7 Amount of co	entribution (\$)
upation / Job title (See Instructions)	9 Employer (See Instruc Tarrant County	tions)	
Durr, Lloyd		Amount of co	ontribution (\$)
pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Easterly, Merri & Daniel		Amount of co	ontribution (\$)
pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Full name of contributor	(ID#:)	Amount of co	ontribution (\$)
		100	201 ELE
pation / Job title (See Instructions)	Employer (See Instruc		FRANCTIONS
			15 PM 2: 45 ADMINISTRATOR
	ANDY NGUYEN 5 Full name of contributor	ANDY NGUYEN 5 Full name of contributor	ANDY NGUYEN 5 Full name of contributor

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche 20 / 26	edule A1:
FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics (Commission Filers)
Date 08/25/15	Canon, Kelly	C (ID#:)	7 Amount of cont	ribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date 08/25/15	McMullough, Jerry	c (ID#:) e; Zip Code	Amount of con	tribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date 08/25/15	O'Hare, Tim	C (ID#:) e; Zip Code	Amount of con	itribution (\$)
Principal occur attorney	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date 08/25/15	Wylie, David.	C (ID#:)	Amount of con	ntribution (\$)
	Contributor address; City; State 5404 Summit Peak Dr. Arlington, TX 76	e; Zip Code 6017	200	20 ELE BY
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	FRAN
				K PHILLIPS ADMINISTRATOR

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedul 21 / 26	e A1:
FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Com	mission Filers)
Date 08/25/15	5 Full name of contributor	(ID#:)	7 Amount of contribu	tion (\$)
10/23/13	6 Contributor address; City; State 2614 Meadowridge Dr. Garland, TX 750		100	
Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribu	ution (\$)
08/25/15	Le, Chu Contributor address; City; State 2810 Bainbridge Trl. Mansfield, TX 7606	e; Zip Code	50	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribu	ution (\$)
08/25/15	Contributor address; City; State 2211 Woodmont Ct. Arlington, TX 76017	-	100.00	
Principal occup Attonery	Dation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribu	ution (\$)
08/25/15	Contributor address; City; State 1144 Bancroft Rd. Keller, TX 76248	e; Zip Code	100 g ::	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	RANK PH
			:	PM 2: 45 MILLIPS MINISTRATOR
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 22 / 26		
2 FILER NAME	ILER NAME ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)		
1 Date 08/25/15 3 Principal occu	5 Full name of contributor □ out-of-state PAC McClelland, David 6 Contributor address; City; State; 556A East Avenue J Grand Prairie, TX 75 pation / Job title (See Instructions)	7 Amount of contribution (\$) 50			
Date 08/25/15	Full name of contributor		Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date 08/25/15	Clark, John	(ID#:) Zip Code	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date 08/25/15	Full name of contributor	(ID#:); Zip Code	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Medical Center Art			
			FRANK PHILLIPS ELECTIONS ADMINISTRA		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 23 / 26	edule A1:
FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics	Commission Filers)
Date 08/25/15	Blumberg, Daniel & Charna			tribution (\$)
Principal occup Attorney	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date 08/25/15	Full name of contributor	(ID#:)	Amount of con	tribution (\$)
00/20/10	Contributor address; City; State 4213 Colgate Lane Garland, TX 75042	; Zip Code	100	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date 08/25/15	Full name of contributor	; Zip Code	Amount of con	tribution (\$)
Principal occup Self Empl.	 pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date 08/25/15	Full name of contributor out-of-state PAC Foster, John B Contributor address; City; State 2900 Collard Ct. Arlington, TX 76102	; Zip Code	Amount of con	tribution (\$)
Principal occup Self Empl.	pation / Job title (See Instructions)	Employer (See Instruc	tions)	RANK P
				PM 2: 45 HILLIPS HILLI
				,

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SCHEDULE A1

The	nstruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 24 / 26
2 FILER NAME	ANDY NGUYEN		3 Filer ID (Ethics Commission Filers)
4 Date 08/25/15	 Full name of contributor ☐ out-of-state PAC (II Kenney, Christopher Contributor address; City; State; 420 Throckmorton St. Fort Worth, TX 760 		7 Amount of contribution (\$) 200
8 Principal occup	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date 08/25/15	Full name of contributor	D#:)	Amount of contribution (\$)
33/23/13	Contributor address; City; State; 4200 S. Cooper St. Arlington, TX 76015	Zip Code	100
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 08/25/15	Full name of contributor	ID#:)	Amount of contribution (\$)
06/25/15	Contributor address; City; State; Fort Worth, TX	Zip Code	50
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/25/15	Contributor address; City; State;	Zip Code	100
Principal occup	3800 Park Manor Ct. Arlington, TX 76017 ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		2016 JAN 15 PM 2 2016 JAN 15 PM 2 ELECTIONS ADMINISTR BY:

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25 / 26
2 FILER NAME	ANDY NGUYEN0		3 Filer ID (Ethics Commission Filers)
4 Date 09/22/15	Palmer, John A.		7 Amount of contribution (\$) 200
8 Principal occup Retired	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 09/22/15	Quick,	; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 09/22/15	Full name of contributor	; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions) Fort Worth	Employer (See Instruc	etions)
Date 09/22/15	Matthew Loh	e; Zip Code rie, TX 75051	Amount of contribution (\$)
Principal occup Self Empl.	pation / Job title (See Instructions)	Employer (See Instruc	→ F 60
			FRANK PHILLIPS CTIONS ADMINISTRATOR

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

SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS 1 Total pages Schedule A1: 25/26 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) ANDY NGUYEN 2 FILER NAME 7 Amount of contribution (\$) out-of-state PAC (ID#:____ 5 Full name of contributor 4 Date 100 Le, Dung Q. City; State; Zip Code 09/22/15 6 Contributor address; 5244 Kathryn Dr. Grand Prairie, TX 75052 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date Green, Charles & Nora 10/27/15 500 City; State; Zip Code Contributor address; 212 E. Abram St. Arlington, TX 76010 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date Nguyen, Nguyen 500 08/22/15 City; State; Zip Code Contributor address; 6522 Daisy Drive Arlington, TX 76017 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Nguyen, Steve & Lien Lam 300 City; State; Zip Code 08/22/15 Contributor address; 7417 Primrose Drive Irving, TX 75063 Employer (See Instructions) Principal occupation / Job title (See Instructions)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	.		er (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 1/11	2 FILER NAME ANDY NGUYEN	3 F	iler ID (Ethics Commission Filers)
4 Date 07/20/15	5 Payee name 912		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
100	Fort Worth, TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contribution		Texas. Complete Schedule T. Ifficeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/27/15	Arlington Republican Club		
Amount (\$)	Payee address; City; State; Zip Code		
70	Arlington, TX 76094		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution 40th Anniversary Event		Texas. Complete Schedule T. fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		1,03
11/23/15	Arlington Rotary Club		TARRA I6 JAN IFRANK
Amount (\$)	Payee address; City; State; Zip Code		\$P . 5
245.00	PO Box 121045 Arlington, TX 76012		PH 2: 47 Tekas. Complete Schedien
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Others Dues		Tekas. Complete Scheden.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	d Committee	Legal Services	Salaries	s/Wages/Contract Labor	Other (enter a	category not liste	ed abov	/e)
Credit Card Payment		The Instruction Gu	ide explains how to	o complete this form.				
1 Total pages Schedule F1: 2 / 11	2 FILER N	ANDY NG	UYEN		3 Filer ID (Ethics Commis	ssion F	ilers)
4 Date 09/18/15	5 Payee na Bas	_{secamp}						
6 Amount (\$)	7 Payee ac	ldress; City;	State; Zip Code					
110.00	Ва	secamp.com						
8	(a) Category	(See Categories listed at t	he top of this schedule)	(b) Description			***************************************	
PURPOSE	Fee	e		Check if travel	outside of Texas. Com	plete Schedule T.		
OF EXPENDITURE		ect manger		Check if Aus	tin, TX, officeholder	living expense		
	110	oot mangor						
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder na	me	Office sought		Office h	neid	
Date	Payee na	ame				***************************************		*****
11/03/15	Chas	e Bank						
Amount (\$)	Payee ad	ddress; City;	State; Zip Code)				
23.95	4500	Little Rd Arlingto	n, TX 76016					
	Category	/ (See Categories listed at	the top of this schedule)	Description				
PURPOSE	Fees			Check if travel	outside of Texas. Com	plete Schedule T.		
OF EXPENDITURE	Che			Check if Aust	tin, TX, officeholder	living expense		
		UNG						
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder na	me	Office sought	8Y:_	MOffice L	eld S	TAF
Date	Payee n	ame		-		O _N	>	20
09/09/15	_	erce Photograph	у			~ % £ .	5	ANTO
Amount (\$)	Payee a	ddress; City;	State; Zip Code)		:	9	
450.00	1608 \$	Stinburg Lane Fo	rt Worth, TX 76	134	.]	Sail	~ N	
430.00		•				Ã	.	AINNO
	Categon	/ (See Categories listed at	the top of this schedule)	Description		S -	ČI.	
PURPOSE					outside of Texas. Com	plete Schedule T.		
OF	Other:	Photographer			tin, TX, officeholder	•		
EXPENDITURE								
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder na	ame	Office sought		Office	held	
	AT	TACH ADDITIONAL	CODIES OF TH	IS SCHEDULE AS NE	EDED			·
	AI	IAON ADDITIONA	L COLIES OL IU	IS SUMEDULE AS NE	LULU			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1: 3 / 11	2 FILER NAME ANDY NGUYEN	3 Filer ID (Ethics Commission Filers)	
4 Date 10/22/15	5 Payee name Craig Ownby		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1285.00	PO Box 150852 Arlington, TX 76015		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date 07/03/15	Payee name Google		
Amount (\$)	Payee address; City; State; Zip Code		
60.00	Google.com		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees-Services	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	***************************************
Date	Payee name		
10/19/15	Kelly Hancock Campaign	TAI 2016 BY:_	
Amount (\$)	Payee address; City; State; Zip Code	JAN F	
250.00	P.O. Box 821349 North Richland Hills, T.	X 76182 SAFE	
	Category (See Categories listed at the top of this schedule)	Description R OD	
PURPOSE OF EXPENDITURE	Contribution-Campaign	Description Check if travel outside of Texas. Complete Governlet. Check if Austin, TX, office colder living expense.	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		pense /ages/Contract Labor	Travel In Die Travel Out (Other (enter			
1 Total pages Schedule F1: 4 / 11	2 FILER N	ANDY NGUYEN			3 Filer ID	(Ethics Commiss	ion Filers)	
4 Date 07/21/15	5 Payeena Mailch	ame nimp.com						
6 Amount (\$)	7 Payee a	ddress; City; State;	Zip Code					
150.00	512 M	leans Street Suite 404 At	lanta, GA	30318 USA				
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description				
PURPOSE OF						omplete Schedule T. der tiving expense		
EXPENDITURE	Adve	rtising-marketing		Oneck ii Adsiin,	, TX, Unicerior	ter tiving expense		
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office he	id.	
Date	Payee na	ame				,,,,		
07/10/15	Morg	ia, Fred						
Amount (\$)	Payee a	ddress; City; State;	Zip Code					
450.00	8015	Hoosier Park Selma, TX	78154					
	Categor	y (See Categories listed at the top of this	s schedule)	Description				
PURPOSE OF EXPENDITURE	Fundr	aising - entertainer		l —		omplete Schedule T. er living expense		
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office he	id	
Date	Payee n	ame			α	, E 2	3 -	
10/01/15	Nat	ional Center for Policy An	alysis		9	TION A	i A	
Amount (\$)	Payee a	ddress; City; State;	Zip Code			57	- Z=	
1500.00	141	80 Dallas Parkway, Suite	350 Dalla	s, TX 75254			LEDUNIA LEDNILA	
	Categor	y (See Categories listed at the top of thi	s schedule)	Description		STR.	% ₹	
PURPOSE OF						mplete Schedule T.	£ -≺	
EXPENDITURE	Cont	ribution		Check if Austin,	. Oincendia	er living ense		
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office h	eld	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Ciedit Card i ayındır.	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1: 5 / 11	2 FILER NAME ANDY NGUYEN	3	Filer ID (Ethics Commission Filers)
4 Date 12/07/15	5 Payee name NOVAL-DFW		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
100.00	2107 Sherry St. Arlington, TX 76010		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contribution		of Texas. Complete Schedule T. , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
08/22/15	Pavlik & Associates		
Amount (\$)	Payee address; City; State; Zip Code		
6642.46	6115 Camp Bowie Blvd. #270 Fort Wor	th, TX 76116	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside	of Texas. Complete Schedule T.
OF EXPENDITURE	Consulting	Check if Austin, TX	, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		TAI 2016 ELEC
07/22/15	Precision Press		TARRA OIG JAN FRAN FRAN FRAN BY:
Amount (\$)	Payee address; City; State; Zip Code		ジェース
179.02	3115 S Cooper St. Ste 300 Arlington,	TX 76015	PHILLIPS PM 2: L of Texas Completes the chile
	Category (See Categories listed at the top of this schedule)	Description	TRA ?
PURPOSE OF EXPENDITURE	Printing-Hitchiker Envelopes		of Texas. Complete schedule T
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED .

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	_	ner (enter a category not listed above)
1 Total pages Schedule F1: 6 / 11	2 FILER NAME ANDY NGUYEN	3 F	Filer ID (Ethics Commission Filers)
4 Date 07/10/15	5 Payee name Print Place		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
95.04	1130 Ave H East Arlington, Texas 7601	1	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		i	of Texas. Complete Schedule T.
OF EXPENDITURE	Printing -Fundrasing Invitations	Check if Austin, TX,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/17/15	Tarrant County Republican Party		
Amount (\$)	Payee address; City; State; Zip Code		
500.00	2405 Gravel Drive Fort Worth, TX 76118		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contributions Now UO		of Texas. Complete Schedule T.
OF EXPENDITURE	Contributions-New HQ	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/22/15	The Pearl		
Amount (\$)	Payee address; City; State; Zip Code		84ء 201 ا
9585.18	2625 W. Pioneer Pkwy #600 Grand Pra	airie, TX 75051	TARRAI
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Food/beverage - Fundraising Event	. —	or lexas. Complete Schedule I.
EXPENDITURE	Food/beverage - Fundraising Event	Check if Austin, TX,	officeholder wing expense
			UHT UHT SIRA
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	S Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c		enter a category not listed above)
1 Total pages Schedule F1: 7 /11	2 FILER NAME ANDY NGUYEN	3 Filer	ID (Ethics Commission Filers)
4 Date 07/10/15	5 Payee name TicketMaster		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
52.45	5391 Three Notched Rd, #B Crozet, VA	22932	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing- Fundraising Tickets	Check if Austin, TX, office	•
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/22/15	USPS		
Amount (\$)	Payee address; City; State; Zip Code		
176.40	3903 MELEAR DR ARLINGTON, TX 760	015	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other-Stamps	Description Check if travel outside of Texa Check if Austin, TX, office	•
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held TARR
Date	Payee name		JAN F
07/17/15	Wix.com	,	NT C
Amount (\$)	Payee address; City; State; Zip Code		PM OU
77.70	Wix.com		DUNTY PM 2: 4
	Category (See Categories listed at the top of this schedule)	Description	₹ O.
PURPOSE OF EXPENDITURE	Fees - Website	Check if Austin, TX, office	•
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor Other (er	ut Of District nter a category not listed above)
1 Total pages Schedule F1: 8 / 11	2 FILER NAME ANDY NGUYEN	3 Filer	ID (Ethics Commission Filers)
4 Date 08/22/15	5 Payee name Amazon.com		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
67.48	Amazon.com		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other- pleated flags	(b) Description Check if travel outside of Texa Check if Austin, TX, office	·
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/01/15	Proforma DFW Marketing		
Amount (\$)	Payee address; City; State; Zip Code		Who are and the result of the second of the
849.76	PO Box 640814 Cincinati, OH 45264-0	814	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing - Backdrop	Description Check if travel outside of Texas Check if Austin, TX, officet	•
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 07/20/15	Payee name Robyn Walensky		TAR 2016 -
Amount (\$) 45.00	Payee address; City; State; Zip Code		FILED RANT CO AN 15 F RANK PHIL ONS ADMII
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution - Children's Safety Village	Description Check if travel outside of Texas Check if Austin, TX, officet	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Filling I	Wages/Contract Labor Other (en	ut Of District Iter a category not listed above)		
1 Total pages Schedule F1: 9 / 11	2 FILER NAME ANDY NGUYEN	3 Filer	ID (Ethics Commission Filers)		
4 Date 08/11/15	5 Payee name USPAACC-SW				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
500.00	711. E. Lamar Blvd. Suite 103A Arlin	igton, TX 76011			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Front 44th Association	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Event - 14th Annual Expo	Check if Austin, TX, officeh	older living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/17/15	Clint Burgess Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
350.00	6625 Gehring Circle Burleson, TX 76	028			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Contribution - Golf Tournament	Check if travel outside of Texas.	,		
OF EXPENDITURE		Check if Austin, TX, officeho	older living expense		
		ļg	, F 2 -		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	ARRA ARRA Office JAN		
Date	Payee name		第5年		
11/19/15	Tinderholt, Tony Campaign	,	ED COU		
Amount (\$)	Payee address; City; State; Zip Code		78 2: X		
100.00	Payee address; City; State; Zip Code 3800 Park Manor Ct. Arlington, TX 76017		46		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contribution - Campaign	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor Other (en	ut Of District tter a category not listed above)		
1 Total pages Schedule F1: 10 / 11	2 FILER NAME ANDY NGUYEN	3 Filer	ID (Ethics Commission Filers)		
4 Date 09/25/15	5 Payee name PayPal				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
84.32	paypal.com				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees - Credit Card Process	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
08/26/15	Eventbrite				
Amount (\$)	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			
252.01	eventbrite.com				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees - Credit Card Process	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held TAR		
Date 07/10/15	Payee name Cotton Patch Cafe		RANT OF RANK PHIONS ADDITIONS		
Amount (\$)	Payee address; City; State; Zip Code		新R 00		
65.00	461 I-20, Arlington, TX 76018		PH 2: 4		
	Category (See Categories listed at the top of this schedule)	Description	ä oi		
PURPOSE OF EXPENDITURE	Food/Beverage - Consultation	Check if travel outside of Texas. complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	, and the second	Vages/Contract Labor Other	Out Of District (enter a category not listed above)		
1 Total pages Schedule F1: 11 / 11	2 FILER NAME ANDY NGUYEN	3 File	er ID (Ethics Commission Filers)		
4 Date 09/08/15	5 Payee name Dixie House Cafe				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
47.34	6200 E. Lancaster Ave. Fort Worth, TX	(76112			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Beverage - Consultation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/16/15	Hickory Stick BBQ				
Amount (\$)	Payee address; City; State; Zip Code	television to the second of th	·		
432.32	900 E. Enon Ave. Everman, TX 76140				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage- meeting w/ Constituents	Check if travel outside of Texas. Complete Schedule T.			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
			E 20 T		
Date 12/09/15	Payee name Target		FINARRAN I		
Amount (\$)	Payee address; City; State; Zip Code		5 5 T		
155.98	1600 W. Arbrook Blvd. Arlington, TX 760)15	ED COUNT PH 2: HILLIPS JMINISTR		
	Category (See Categories listed at the top of this schedule)	Description	AI F		
PURPOSE OF		Check if travel outside of Tex	xas. Compl ete Schedule T.		
EXPENDITURE	Others - Christmas Cards	Check if Austin, TX, offic	Anolder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					