

# 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:

1/8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mr. Andy  
NICKNAME LAST SUFFIX  
Nguyen

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / BOX APT / SUITE # CITY STATE ZIP CODE

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

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  
02 / 01 / 14 THROUGH 02 / 22 / 14

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
03 / 04 / 14  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
TARRANT COUNTY  
COMMISSIONER PCT. 2

13 OFFICE SOUGHT (if known)

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**OFFICE USE ONLY**

Date Received

Date Hand-Delivered or Postmarked

Receipt Amount

Date Processed

Date Imaged

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# 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)**

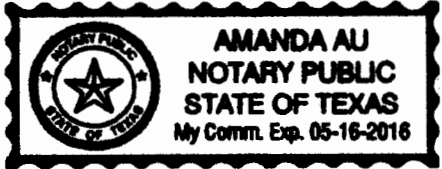
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> additional pages	<b>COMMITTEE TYPE</b> <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b> DFW CONSERVATIVE VOTERS PAC
		<b>COMMITTEE ADDRESS</b> PO BOX 173065, ARLINGTON, TX 76003
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b> STUART LANE
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> PO BOX 173065, ARLINGTON, TX 76003

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<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9817. <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 5425. <sup>00</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 37926.45
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-0

**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 24 day of February, 20 14, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Amanda Au  
Printed name of officer administering oath

Executive Secretary  
Title of officer administering oath

**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.

1 Total pages Schedule F: 1 / 2		2 FILER NAME <b>Andy Nguyen</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02/03/14		5 Payee name google.com			
6 Amount (\$) 10.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>fees</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/01/14		Payee name Matt Hayes Campaign			
Amount (\$) 200.00		Payee address; City; State; Zip Code 900 N. Walnut Creek, Suite 100 # 125, Mansfield, TX 76063			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contributions</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/05/14		Payee name Jim Frank			
Amount (\$) 100.00		Payee address; City; State; Zip Code 9200 John Carpenter Fwy. Dallas, TX 75247			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>other</b>		Description (If travel outside of Texas, complete Schedule T) <b>auction item</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/18/14		Payee name POLITICAL MARKETING INTERNATIO			
Amount (\$) 3600.00		Payee address; City; State; Zip Code PO Box 698 • Marianna, FL 32447			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 2 / 2		<b>2</b> FILER NAME Andy Nguyen		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 02/18/14		<b>5</b> Payee name Chase Bank			
<b>6</b> Amount (\$) 25.00		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Banking		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>Date</b> 02/08/14		<b>Payee name</b> Arlington Voice			
<b>Amount (\$)</b> 350.00		<b>Payee address; City; State; Zip Code</b> 5904 S Cooper Ste 104-104 Arlington, TX 76017			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Advertising		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought	
<b>Date</b> 02/20/14		<b>Payee name</b> Nguoi Viet Dallas, LLC			
<b>Amount (\$)</b> 640.00		<b>Payee address; City; State; Zip Code</b> 13426 Whispering Hills Dr. Dallas, TX 75243			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Advertising		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought	
<b>Date</b> 02/20/14		<b>Payee name</b> Lap Van Nguyen			
<b>Amount (\$)</b> 500.00		<b>Payee address; City; State; Zip Code</b> 5001 Lewis Trl, Grand Prairie, TX 75052			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Advertising		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought	

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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:  
1 / 4

2 FILER NAME **Andy Nguyen** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>02/22/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TCLEA GPAC</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>904 Collier Street Fort Worth, Texas 76102</b>	<b>567.00</b>	
		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>02/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Boyter</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>3217 Sapphire St., Bedford TX 76021</b>	<b>500.00</b>	
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>02/20/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Long Nguyen</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>3108 Atrium Dr., Grand Prairie, TX 75052</b>	<b>100.00</b>	
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>02/07/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NgocAnh Tran</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>410 Rolanda Ln, Kennedale, TX 76060</b>	<b>300.00</b>	
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>02/17/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom Ritter</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>812 Riviera Dr. Mansfield, TX 76063</b>	<b>100.00</b>	
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Ritter and Associates Realtors Realtor

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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: <div style="text-align: right;">2 / 4</div>	
2 FILER NAME <b>Andy Nguyen</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>02/17/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TRANG, THANH</b> 6 Contributor address; City; State; Zip Code <b>910 Morning Sun Ln, Mc Gregor, TE 76657</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>SELF-EMPLOYEE</b>		10 Employer (See Instructions)	
Date <b>02/19/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Washington, Bernice J.</b> Contributor address; City; State; Zip Code <b>4359 Highlander Dr. Dallas, TX 75287</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>President/CEO</b>		Employer (See Instructions) <b>Urgent Plus Care</b>	
Date <b>02/21/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ninh, Karl</b> Contributor address; City; State; Zip Code <b>2316 Valleywood Dr. Carrollton, TX 75006-7769</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Software Engineer</b>		Employer (See Instructions) <b>McLane Company</b>	
Date <b>02/22/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Trong, Tran</b> Contributor address; City; State; Zip Code <b>3605 Big Bear Lake Ct. Arlington, TX 76016</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)	
Date <b>02/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Foster</b> Contributor address; City; State; Zip Code <b>1201 Watson Rd. Arlington, TX 76006</b>	Amount of contribution (\$) <b>5000.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Self-Empl</b>		Employer (See Instructions)	

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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: <b>3 / 4</b>	
2 FILER NAME <b>Andy Nguyen</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>02/10/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Dipert</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1512 Killian Dr, Arlington, TX 76013</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Retired</b>		10 Employer (See Instructions)	
Date <b>02/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dan Dipert</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1512 Killian Dr, Arlington, TX 76013</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)	
Date <b>02/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lam Van Cao</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1602 Creede Ave., Arlington, TX 76018</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)	
Date <b>02/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry Wallace</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2808 Lakeshore Dr. Arlington, TX 76013</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions)	
Date <b>02/14/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alan Petschue</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3850 Bellaire Circle, Fort Worth, TX 76109</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>self empl</b>		Employer (See Instructions)	

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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: <b>4 / 4</b>	
2 FILER NAME <b>Andy Nguyen</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>02/10/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BB Holland</b> 6 Contributor address; City; State; Zip Code <b>3647 Enchanto Dr. Fort Worth, TX 76109</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <b>Fuelman Network</b>	
Date <b>02/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andrew Piel</b> Contributor address; City; State; Zip Code <b>2707 Park Run Dr. Arlington, TX 76016</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>attorney</b>		Employer (See Instructions)	
Date <b>02/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Neal Adams</b> Contributor address; City; State; Zip Code <b>3950 Highway 360, Grapevine, TX 76051</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>attorney</b>		Employer (See Instructions)	
Date <b>02/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stacy Ronda</b> Contributor address; City; State; Zip Code <b>3950 Highway 360, Grapevine, TX 76051</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>attorney</b>		Employer (See Instructions)	
Date <b>02/10/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Lynch</b> Contributor address; City; State; Zip Code <b>5301 Miramar Ln. Colleyville, TX 76034</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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