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 # (Ethice Commission Filers)	2 Total pages filed: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MR. ANDY NICKNAME LAST	MI	OFFICE USE ONLY Date Received In Inc.	
	NGUYEN			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked	
change of address			Receipt # Arridunt	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR. TOM	Mi	Date Imaged	
	NICKNAME LAST HA	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 X 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH 2014	Month Dily 09 / 25 /		
11 ELECTION	Month Cay Year ELECTION DATE 11 / 04 / 2014 ELECTION TYPE Primary	Runoff X	General Special	
12 OFFICE	OFFICE HELD (If any) COUNTY COULISSION	13 OFFICE SOUGHT (if known)	ME	
	TARRANT, PCt 2			
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ÁNDY NGUYE	N		16	ACCOUNT	# (Ethics	Commiss	sion Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. <i>These expenditur</i>	NS ACCEPTED OR POLITICAL EXPENDITURES HES MAY HAVE BEEN MADE WITHOUT THE CA EQUIRED TO REPORT THIS INFORMATION ONLY	ANDIDAT	TE'S OR OFFI	EHOLDER'	8 KNOWLE	DGE OR
	COMMITTEE TYPE	COMMITTEE NAME					e de la composition della comp	
	GENERAL SPECIFIC	COMMITTEE ADDRESS				ECTIONS SECTIONS	001	3
additional pages		COMMITTEE CAMPAIGN TE	REASURER NAME			VIII ava DA 100 PA 100 PA 100 PA 100	<u>C</u>	
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			0.2 f 1 c 0.4 0.3 0.3 0.3 0.3	i.	
17 CONTRIBUTION TOTALS			IONS OF \$50 OR LESS (OTHER TH NTEES OF LOANS), UNLESS ITEM		\$	(0.00	
		POLITICAL CONTRI THAN PLEDGES, LOAN	BUTIONS IS, OR GUARANTEES OF LOANS)		\$	11,07	25.00	7
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00							
	4. TOTAL	POLITICAL EXPEND	ITURES		\$	11,657	7.23	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTION	ONS MAINTAINED AS OF THE LAS	T DAY	\$	19,03	8.09	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF Y OF THE REPORTING	ALL OUTSTANDING LOANS AS OF	F THE	\$			
18 AFFIDAVIT								
AMANDA AU NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 05-16-2016 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, Ejection Code. Signature of Candidate or Officeholder								
AFFIX NOTARY STAM			0 1 10					
Sworn to and subs			7 0 9		band s	,	this th	
Danish .	In October	Amanda	, to certify which, witness Au		ecutive		or onl	Ce.
Signature of officer admi	nistering oath		officer administering oath		Title of of		inistering	Sath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.			1 Total pages Sch	edule 4: 1/4c2	
2	FILER NAME	ANDY NGUYEN		3 ACCOUNT # (E	thics Commission Ellers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
		NGUYEN, PHILIP		contribution (\$)	description (if applicable)
	08/24/14			500.00	
		8 Contributor address; City; State; Zip Code		300.00	6/21
		888 S GREENVILLE AVE			
		RICHARDSON, TX 75081			
				The second secon	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I SELF EMPL	instructions) ·-	
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
		LA, CHARLES		contribution (\$)	description (if applicable)
	09/13/14	Contributor address; City; State; Zip Code		100.00	
		3320 Centenary Ave.			
		Dallas, TX 75225			
	Dringles of	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	Principal occup	Salion / Job IIIIe (Gee Instructions)	SELF EMP		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/13/14	Contributor address; City; State; Zip Code 8825 Casa Grande Drive	, , , , , , , , , ,	50.00	
		Plano, TX 75025			i
				(If travel outside	of Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
		CRAVENS, TOM		contribution (\$)	description (if applicable)
	09/13/04			·	,
	09/13/04	Contributor address; City; State; Zip Code		500.00	
		501 E. Fielder Rd.			1
		Arlington, TX 76013		() 4 4 1 4 - 1 - 4 -	of Towns commutate Cabadula T\
_	Principal occur	pation / Job title (See Instructions)	Employer (See I	The second line is not a second line in the second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line in the second line is not a second line is not a second line in the second line is not a sec	of Texas, complete Schedule T)
	RETIRED	,	,p.10,0 (0.00	,	
=	the same of the sa			Amount of	In-kind contribution
	Date	Full name of contributor out-of-state PAC (ID#: ARLINGTON REPUBLICAN CLUB PWR	PAC	contribution (\$)	description (if applicable)
	09/25/14	l .	,-FAU , , , , , , , , , , , ,		1
	09/2,3/14	Contributor address; City; State; Zip Code		\$250.00	
		PO BOX 14095, ARLINGTON, TX 76094	4		Ì
		1 0 BOX 14030, ARLINGTON, 1X 70034	•		
				The state of the s	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	
		ATTACH ADDITIONAL COPIES O	E TUIS SCHEDIN E	AS NEEDED	

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

Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule At The instruction Guide explains how to complete this form. ാ2/4⊋ 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME ANDY NGUYEN 4 Date 5 Full name of contributor in-kind contribution Amount of out-of-state PAC (ID#: contribution (\$) description (if applicable) FREESE AND NICHOLAS PAC 09/23/14 6 Contributor address; City; State; Zip Code \$250.00 CI 4055 INTERNATIONAL PLAZA, STE. 200 FORT WORTH, TX 76109 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See instructions) 10 Employer (See Instructions) Dete Full name of contributor ut-of-state PAC (ID#; Amount of in-kind contribution description (if applicable) contribution (\$) **GIB LEWIS** 09/23/14 Contributor address; City; State; Zip Code \$100.00 2300 RACE ST. FORT WORTH, TX 76111 (if travel outside of Texas, complete Schedule T) Employer (See Instructions) SELF EMPL. Principal occupation / Job title (See instructions) Full name of contributor ☐ out-of-state PAC (ID#: Amount of in-kind contribution Date contribution (\$) description (if epplicable) HON. GLEN WHITLEY \$250.00 09/24/14 Contributor address; City; State; Zip Code 345 CHARLESTON PL. HURST, TX 76054 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) **COUNTY JUDGE** TARRANT COUNTY Full name of contributor In-kind contribution ut-of-state PAC (ID#: Amount of Date contribution (\$) description (if applicable) DAVID W. WYLIE 09/24/14 \$100.00 Contributor address; City; State; Zip Code 5404 SUMMIT PEAK DR. ARLINGTON, TX 76017 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF EMPL Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (8) description (if applicable) GARY E. REYNOLDS 09/15/14 \$1000.00 Contributor address; City; State; Zip Code PO BOX 370 EULESS, TX 76039 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See instructions) Employer (See Instructions) Reynolds Asphalt & Const. ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The instruction Guide explains how to complete this form. 1 Total pages Schedule A: 3/4					
2 FILER NAME 3 ACC			3 ACCOUNT # (E	ACCOUNT # (Ethics Commission Filers)	
ANDY NGUYEN					
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 dn-kind contribution	
	METO MITEFF		contribution (\$)	deabription (if applicable)	
09/25/14	6 Contributor address; City; State; Zip Code		\$1000.00	1 3 3 3 3 3 3 3 3 3 3	
		V 70407	1	Viet 1 77	
	4453 CRESTLINE RD. FORT WORTH, T	X /610/		υ ο	
			(if travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		March March	
		Reynolds Asp	halt & Const.		
Date	Full name of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Amount of	In-kind contribution	
08/08/44	REAGAN LEGACY REPUBLICAN WO	MAN PAC	contribution (\$)	description (if applicable)	
08/08/14	Contributor address; City; State; Zip Code		\$375.00	₹. }.	
	PO BOX 174431 ARLINGTON, TX 760	กจ			
	TO BOX 174401 AREMOTOR, 1X 700	00			
			(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See instructions)	Employer (See i	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
09/17/14	GOOD GOVERNMENT FUND		- COMMINISTRATION (6)	description (il applicable)	
	Contributor address; City; State; Zip Code		\$2000.00		
	201 MAIN ST. FORT WORTH, TX 7610	02			
(If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occup	pation / Job title (See Instructions)	Employer (See I	netructions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	in-kind contribution	
09/17/14	PSEL PAC		contribution (\$)	description (if applicable)	
09/1//14	Contributor address; City; State; Zip Code		\$2000.00		
	, , , ,	V 76400	• ,		
	201 MAIN ST. #2500 FORT WORTH, T	X /6102			
		***********	(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	netructions)		
Date	Full name of contributor out-of-state PAC (IDM:		Amount of	In-kind contribution	
24.0	KELLY HART PAC		contribution (\$)	description (if applicable)	
09/17/14	Contributor address; City; State; Zip Code	, , , , , , , , , , , , , , , , , , ,	\$1000.00		
			\$1000.00	1	
	201 MAIN ST. FORT WORTH, TX 7610)2		1	
			(If travel outside	i of Texas, complete Schedule T)	
Principal occup	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 foradditional reporting requirements.					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

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 # (E	thics Commission Filers)	
				and the second	
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)	
09/17/14	EDWARD P. BASS		COMMIDGATION (U)		
	6 Contributor address; City; State; Zip Code		\$1500.00	6 to 1	
	, , , ,				
	201 MAIN ST. FORT WORTH, TX 76102				
			(If travel outside (of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I SELF EMPL.	instructione)	3 5	
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of	In-kind contribution	
00/4/4	FORT MORTH REPUBLICAN MOMEN		contribution (\$)	description (if applicable)	
09/1/14	FORT WORTH REPUBLICAN WOMEN Contributor address; City; State; Zip Code		\$100.00		
	• • • • • • • • • • • • • • • • • • • •	405	Ψ100.00		
	PO BOX 101613, FORT WORTH, TX 76	185			
			(if travel outside o	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor)	Amount of	In-kind contribution	
00/05/4/	CHRIS GAVRAS		contribution (\$)	description (if applicable)	
09/25/14	Contributor address; City; State; Zip Code		225.00	EVENT HELD AT	
		1400TH TV		FORT WORTH	
	1301 THROCKMORTON #2105, FORT	WORTH, IX		CLUB	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
SELF EMPL.					
Date	Full name of contributor ut-of-state PAC (IDIE:)	Amount of	In-kind contribution	
	KASEY S. PIPES		contribution (\$)	description (if applicable)	
09/25/14	Contributor address; City; State; Zip Code		\$225.00	EVENT HELD AT	
		LL TV 70400	,	FORT WORTH	
	421 W. THIRD ST., # 900, FORT WORT	H, IX /6102		CLUB	
			(if travel outside	of Texas, complete Schedule T)	
Principal occup CONSI	pation / Job title (See Instructions) JLTING	Employer (See L	natructions) IPES		
Date	Full name of contributor)	Amount of	In-kind contribution	
			contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
	Communication and the contract of the contract				
(If travel outside of Texas, complete Schedule T)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
If c	If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

P.O. Box 12070

SCHEDULE F

EVAPADETIES A PRODUCTION OF THE PRODUCTION OF TH				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fi Food/Beverage Expense Travel in Dis Polling Expense Travel Out O	es/Contract Lebor undraising Expense trict	Loan Repayment/R Transportation Equ Contributions/Dona Candidate/Offic OTHER (enter a ca	ipment & Related Expense
	The instruction Guide explains how	w to complete this fo	orm. 🎅	
1 Total pages Schedule F: 1/4	2 FILER NAME ANDY NGUYEN		3 ACCOUNT	# (Ethics Commission Filers)
4 Date 07/22/14	5 Payee name MAILCHIMP.COM		alle de la comitació de la comi	ن الله
6 Amount (\$)	7 Payee address; City; State; Zip Code	and it is a superior desired to the superior desired t	**************************************	
30.00				
a purpose	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texa	s, complete Schedule I)
OF EXPENDITURE	ADVERTISING EXPENSE		Austin, TX, officeholder	3
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug		Office held
Dete 08/22/14	Payee name MAILCHIMP.COM	migraphysis — market in consistency property or opposite from the following consistency or other property or o Microbial Market Consistency or other property or other proper		en mengen periode vide versione en e
Amount (\$)	Payee address; City; Stata; Zip Cod	0		
25.00				
PURPOSE	Cetagory (See categories listed at the top of this achedule)	Description	(if travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE			
EXPENDITURE	ADVERTIGING EXI ENGE	Check if	Austin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht	Office held
Date 09/22/14	Payee name MAILCHIMP.COM			
Amount (\$)	Payee address; City; State; Zip Code	9		A CONTRACTOR OF THE CONTRACTOR
25.00				
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(if travel outside of Texa	s, complete Schedule T)
OF	ADVERTISING EXPENSE	_		
EXPENDITURE		Check if	Austin, TX, officeholder	Ilving expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht	Office held
Date	Payee name	·		
07/01/14	BOOT CAMPAIGN			
Amount (\$)	Payee address; City; State; Zip Code	9	namental and the second desired	radio editorio e de cilia con intales editidifica e colonia e e e e e e e e e e e e e e e e e e e
50.00	3603 Old JACKSONVILLE HGWY. 1	TYLER, TX 75701		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	7 (If travel outside of Texa	as, complete Schedule T)
OF Expenditure	DONATION	Checkif	Austin, TX, officeholder	· living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office soug		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of Printing Expense Office Overhea	a/Contract Labor Indicating Expense Ict Contributions/Donations Made By Candidate/Officeholder/Political Committe ad/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe OTHER (enter a category not listed above)	
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F: 2/4	2 FILER NAME ANDY NGUYEN	3 ACCOUNT # Ethics Commission File	
4 Date	5 Payee name	528	
08/04/14	DAVID WOODRUFF CAMPAIGN		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$100.00	1134 LONE IVORY TRL ARLINGTON	N, TX 76005	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T.)	
OF	DONATION		-4.
EXPENDITURE	DONATION	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
07/24/14	GILMAN, MARY		
Amount (\$)	Payee addreea; City; State; Zip Code		
\$63.99	1910 PAVIA COURT, ARLINGTON,	TX 76006	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	EVENT EXPENSE	ARLINGTON JULY 4TH PARADE	
EXPENDITURE	EVENTEAPENSE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office eought Office held	
Date 08/25/14	AWESOME BLOSSOMS		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.00	100 S. HAMPSHIRE ST. SAGINA	W, TX 76179	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	GIFT	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought Office held	
Date	Payee name		
08/14/14	TICKETPRINTING.COM		
Amount (\$)	Payee addrese; City; State; Zip Code		
147.59			
	Category (See categories listed at the top of this schedule)	Description (If travel cutside of Texas, complete Schedule T)	
PURPOSE OF	PRINTING EXPENSE	TICKETS	
EXPENDITURE	. Mitting EXI ENGE	Check if Austin, TX, officeholder living expense	
Complete Obli V if all	Candidate / Officeholder neme	Office sought Office held	-
Complete ONLY if direct expenditure to benefit C/		Cities and in the second secon	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Texas Ethics Commission

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitatio Food/Beverage Expense Travel In Politing Expense Travel Out	Vages/Contract Labor Loan Repayment/Reimbursement n/Fundralising Expense Transportation Equipment & Raisted Expense	
	The instruction Guide explains	how to complete this form.	
1 Total pages Schedule F: 3/4	2 FILER NAME ANDY NGUYEN	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/25/14	5 Payee name PRINT PLACE	7 6 3 3	
6 Amount (\$)	7 Payee addrese; City; State; Zip C	ode = = 8 8 8	
1105.89	1130 AVE H EAST, ARLINGTON	, TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched PRINTING EXPENSE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office aought	
Date 09/12/14	Payee name AMERICAN AIRLINE.COM		
Amount (\$)	Payee address; City; State; Zip C	Pode Pode	
463.90			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched TRAVEL	ule) Description (if travel outside of Texas, complete Schedule T) CHRIS & SHANDON PHAN Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office aought Office held	
Date 07/03/14	Payee name GOOGLE.COM		
Amount (\$) 30.00	Payee address; City; State; Zip C	;ode	
PURPOSE OF	Category (See categories listed at the top of this sched	uie) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	, 223	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
Date	Payee name		
09/02/14	ARLINGTON REPUBLICAN CLUB	3	
Amount (\$)	Payee addrese; City; State; Zip C	ode	
60.00	PO BOX 14095 ARLINGTON, T	TX 760094	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched	dule) Description (if travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

Austin, Texas 78711-2070

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memoriais Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel in District Polling Expense Travel Out Of Di Printing Expense Office Overhead	Contract Labor raising Expense	
	The instruction Guide explains how to		
1 Total pages Schedule F: 4/4	2 FILER NAME ANDY NGUYEN	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/02/14	6 Payee name OFFICE DEPOT	TARE	
6 Amount (\$) 50.74	7 Payee address; City; State; Zip Code ARLINGTON, TX		
8 PURPOSE	(A) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	OTHER	PAPER & INK Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	
Date 07/24/14	Payee name TRANSAXT.COM		
Amount (\$) \$36.25	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	FEES	DONATION PROCESSING	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought Office held	
Dete 08/19/14	Payee name USPS		
Amount (\$)	Payee address; City; State; Zip Code		
\$293.87	4108 SW GREEN OAKS BLVD. ARLIN	NGTON, TX 76017	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (if travel outside of Texas, complete Schedule T) STAMPS Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought Office held	
Date	Payee name		
09/15/14	CRAIG OWNBY		
Amount (\$)	Payae address; City; State; Zip Code		
\$9155.00	PO BOX 150852 ARLINGTON, TX 760	15	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (if travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expanditure to benefit C/	Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expanditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			