

(Dist F.)

God Day



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	RECEIVED OCT 29 2013 CITY SECRETARY
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

Filer name RICHARD NGUYEN	Account #
-------------------------------------	-----------

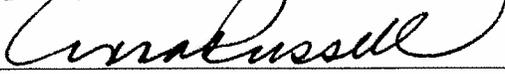
1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 3rd day report report due on 10/28/2013. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.


Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

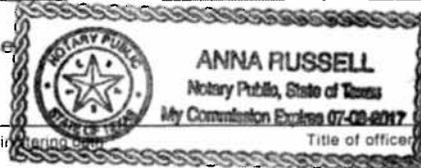
Sworn to and subscribed before me by Richard Nguyen this the 28th day of October

2013, to certify which, witness my hand and seal of office



Signature of officer administering oath

Print name of officer administering oath



Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

**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
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR NICKNAME	FIRST LAST	MI SUFFIX
	Mr. RICHARD NGUYEN		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX:		APT/SUITE #: CITY: STATE: ZIP CODE
	8115 RIPTIDE DR. HOUSTON TX 77072		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	281	891-0579	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR NICKNAME	FIRST LAST	MI SUFFIX
	Mr. VINH NGUYEN		
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please):		APT/SUITE #: CITY: STATE: ZIP CODE
	8115 RIPTIDE DR. HOUSTON TX 77072		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	281	736-8408	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07-01-2013		10-27-2013
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			COUNCIL MEMBER - DIST. F

OFFICE USE ONLY

Date Received

RECEIVED
OCT 28 2013
CITY OF HOUSTON

Date Hand-delivered or Date Postmarked

Receipt #	Amount
Date Processed	
Date Imaged	

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

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

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

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.

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

17 CONTRIBUTION TOTALS	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)	\$ 2334
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4	TOTAL POLITICAL EXPENDITURES	\$ 2250
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 84
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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


 Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RICHARD NGUYEN, this the 28th day of October, 2013, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Doris Diaz
 Print name of officer administering oath

Notary
 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6 (1/6)	
2 FILER NAME RICHARD NGUYEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08.31.2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HONG-HA NGUYEN 6 Contributor address; City; State; Zip Code HOUSTON, TX 77083	7 Amount of contribution (\$) 1000 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) SINGER		10 Employer (See Instructions) SELF	
Date 09.28.2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHACH NGUYEN Contributor address; City; State; Zip Code HOUSTON, TX 77099	Amount of contribution (\$) 100 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09.28.2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHUNG TRUONG Contributor address; City; State; Zip Code HOUSTON, TX	Amount of contribution (\$) 60 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09.28.2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KHOI THAT Contributor address; City; State; Zip Code HOUSTON, TX	Amount of contribution (\$) 40 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09.28.2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NHUT HOANG Contributor address; City; State; Zip Code HOUSTON, TX	Amount of contribution (\$) 20 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6 (2/6)**

2 FILER NAME

RICHARD NGUYEN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09.28.2013

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

DAT VU

6 Contributor address; City; State; Zip Code

HOUSTON, TX

7 Amount of contribution (\$)

20

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09.28.2013

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

KIM-ANH VO

Contributor address; City; State; Zip Code

HOUSTON, TX

Amount of contribution (\$)

20

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09.28.2013

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

BACH HOANG

Contributor address; City; State; Zip Code

HOUSTON, TX

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09.28.2013

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

TAM THIEN LY

Contributor address; City; State; Zip Code

HOUSTON, TX

Amount of contribution (\$)

20

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09.28.2013

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

LAN HUYNH

Contributor address; City; State; Zip Code

HOUSTON, TX

Amount of contribution (\$)

20

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6 (3/6)	
2 FILER NAME RICHARD NGUYEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09-28-2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NGOC LIEN	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code HOUSTON, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09-28-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAP PHUNG	Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09-28-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TU HAI	Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09-28-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NGOC TRANG	Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09-28-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAM NGUYEN	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX		(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 contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6 (4/6)	
2 FILER NAME RICHARD NGUYEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09-28-2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRUYEN VO	7 Amount of contribution (\$) 20	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code HOUSTON, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09-28-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HINH TRAN	Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09-28-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LILY NGUYEN	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX 77099		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09-28-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAC VU	Amount of contribution (\$) 224	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX 77012		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-07-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL DIGIULIO	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code FT. LAUDERDALE, FL 33308		(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 contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6 (5/6)**

2 FILER NAME

RICHARD NGUYEN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-14-2013

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

ELISABETH NGUYEN

6 Contributor address; City; State; Zip Code

LAUDERHILL, FL 33319

7 Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-15-2013

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

AMBER NGUYEN

Contributor address; City; State; Zip Code

RICHMOND, TX 77407

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-15-2013

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

THUAN NGO

Contributor address; City; State; Zip Code

HOUSTON, TX 77072

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-15-2013

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

NHUT HOANG

Contributor address; City; State; Zip Code

HOUSTON, TX 77072

Amount of contribution (\$)

60

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-19-2013

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

HOAI TRAN

Contributor address; City; State; Zip Code

HOUSTON, TX

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6 (6/6)	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNG MAU	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-19-2013	6 Contributor address; City; State; Zip Code HOUSTON, TX	100 <small>(If travel outside of Texas, complete Schedule T)</small>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MINH DAO NGUYEN	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-19-2013	Contributor address; City; State; Zip Code HOUSTON, TX	100 <small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAM VAN NGUYEN	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-19-2013	Contributor address; City; State; Zip Code HOUSTON, TX	200 <small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRO VUONG	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-21-2013	Contributor address; City; State; Zip Code HOUSTON, TX 77072	50 <small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		<small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL 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: 3 (1/3)	2 FILER NAME RICHARD NGUYEN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10.19.2013	5 Payee name JOSHUA BULLARD	
6 Amount (\$) 400	7 Payee address; City; State; Zip Code P.O. BOX 667481 HOUSTON, TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CONSULTING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10.19.2013	Payee name TRU LUONG	
Amount (\$) 60	Payee address; City; State; Zip Code HOUSTON, TX 77072	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) SECURITY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10.19.2013	Payee name TRONG HAI	
Amount (\$) 100	Payee address; City; State; Zip Code HOUSTON, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) MASTER OF CEREMONY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10.19.2013	Payee name ANH QUY	
Amount (\$) 600	Payee address; City; State; Zip Code HOUSTON, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) BAND / MUSIC / LIGHTING / SOUND
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 (2/3)	2 FILER NAME RICHARD NGUYEN	3 ACCOUNT # (Ethics Commission Filers)
---	---------------------------------------	---

4 Date 10.22.2013	5 Payee name HOUSTON BUSINESS CONNECTIONS / AUBREY R. TAYLOR
-----------------------------	--

6 Amount (\$) 150	7 Payee address; City; State; Zip Code 957 NASA PKWY #251 HOUSTON, TX 77058
-----------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN AD
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10.24.2013	Payee name SUTTER HOUSE PRINTING
--------------------	-------------------------------------

Amount (\$) 400	Payee address; City; State; Zip Code 14760 MEMORIAL DR HOUSTON, TX 77079 SUITE 305
--------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MAILING CARDS
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.25.2013	Payee name THE MAIL ROOM
--------------------	-----------------------------

Amount (\$) 442	Payee address; City; State; Zip Code 10878 WESTHEIMER RD, HOUSTON, TX 77042
--------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) MAILING FEE
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.25.2013	Payee name UNITED STATES POSTAL SERVICE
--------------------	--

Amount (\$) 200	Payee address; City; State; Zip Code HOUSTON, TX 77002
--------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) PERMANENT IMPRINT PERMIT FEE
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 (3/3)	2 FILER NAME RICHARD NGUYEN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10.25.2013	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) 198	7 Payee address; City; State; Zip Code HOUSTON, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) POSTAGE STAMPS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 7 (1/7)	2 FILER NAME RICHARD NGUYEN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 09.06.2013	5 Payee name ORIENTAL TRADING COMPANY, INC.	
6 Amount (\$) 45.99 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4206 S. 108th ST OMAHA, NE 68137	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) BEADS/NECKLACES FOR PARADE
Date 09.12.2013	Payee name SAIGON NETWORK-TV 51.3	
Amount (\$) 100 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10613 BELLAIRE BLVD #900 HOUSTON, TX 77072	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) DEPOSIT
Date 09.13.2013	Payee name RADIO SAIGON HOUSTON 900 AM	
Amount (\$) 90 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10613 BELLAIRE BLVD #900 HOUSTON, TX 77072	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) RADIO ANNOUNCEMENTS
Date 09.16.2013	Payee name VIETNAMESE CIVIC CENTER	
Amount (\$) 300 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 BELLAIRE BLVD #900 HOUSTON, TX 77072	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) RENTAL OF TOWNHALL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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 G: 7 (2/7)		2 FILER NAME RICHARD NGUYEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09-19-2013		5 Payee name JOSHUA BULLARD			
6 Amount (\$) 600 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. BOX 667481 HOUSTON, TX 71266			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) POLITICAL CONSULTING	
Date 09-20-2013		Payee name ALIEF COMMUNITY ASSOCIATION, INC.			
Amount (\$) 100 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code ALIEF, TX 77411			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) PARADE ENTRY FEE	
Date 09-20-2013		Payee name CITY OF HOUSTON - PERMITTING CENTER			
Amount (\$) 31.70 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1002 WASHINGTON AVE. HOUSTON, TX 77002			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) NOISE PERMIT	
Date 09-25-2013		Payee name RADIO SAIGON HOUSTON 900AM			
Amount (\$) 90 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 10613 BELLAIRE BLVD #900 HOUSTON, TX 77072			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) RADIO ANNOUNCEMENTS	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 7 (3/7)	2 FILER NAME RICHARD NGUYEN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 09.23.2013	5 Payee name CITY OF HOUSTON - PERMITTING CENTER	
6 Amount (\$) 31.70 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1002 WASHINGTON AVE. HOUSTON, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) NOISE PERMIT
Date 09.23.2013	Payee name WWW. 1 AND 1. COM	
Amount (\$) 35.88 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PENNSYLVANIA	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE DOMAIN
Date 09.23.2013	Payee name WWW. 1 AND 1. COM	
Amount (\$) 14.99 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PENNSYLVANIA	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE DOMAIN
Date 09.25.2013	Payee name OFFICE OF STAN STANART - COUNTY CLERK	
Amount (\$) 16 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code HARRIS COUNTY, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING / BANKING	Description (If travel outside of Texas, complete Schedule T) DBA FEE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 7 (4/7)		2 FILER NAME RICHARD NGUYEN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09.28.2013		5 Payee name HOUSTON HARRIS DIVISION PATROL			
6 Amount (\$) 80 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code HOUSTON, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) SECURITY	
Date 09.16.2013		Payee name FAR EAST PRINTING			
Amount (\$) 400 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 7617 BOONE RD HOUSTON, TX 77072			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) POST CARDS	
Date 09.19.2013		Payee name FAR EAST PRINTING			
Amount (\$) 300 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 7617 BOONE RD HOUSTON, TX 77072			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) MAILING CARDS	
Date 09.19.2013		Payee name FAR EAST PRINTING			
Amount (\$) 1000 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 7617 BOONE RD HOUSTON, TX 77072			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) YARD SIGNS	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 7 (5/7)	2 FILER NAME RICHARD NGUYEN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 09-19-2013	5 Payee name FAR EAST PRINTING	
6 Amount (\$) 1200 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7617 BOONE RD, HOUSTON, TX 77072	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) LARGE SIGNS
Date 09-26-2013	Payee name FAR EAST PRINTING	
Amount (\$) 300 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7617 BOONE RD HOUSTON, TX 77072	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) FLYERS
Date 10-03-2013	Payee name FAR EAST PRINTING	
Amount (\$) 800 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7617 BOONE RD HOUSTON, TX 77072	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) YARD SIGNS BALANCE
Date 10-08-2013	Payee name FAR EAST PRINTING	
Amount (\$) 600 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7617 BOONE RD HOUSTON, TX 77072	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) LARGE SIGNS BALANCE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 7 (6/7)	2 FILER NAME RICHARD NGUYEN	3 ACCOUNT # (Ethics Commission Filers)
---	---------------------------------------	---

4 Date 09-28-2013	5 Payee name UNITED STATES POSTAL SERVICE
-----------------------------	---

6 Amount (\$) 56 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code ALIEF / HOUSTON, TX
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) POST OFFICE BOX RENTAL
---------------------------------	--	--

Date 10-17-2013	Payee name RADIO SAIGON HOUSTON 900 AM
--------------------	---

Amount (\$) 90 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10613 BELLAIRE BLVD #900 HOUSTON, TX 77072
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) RADIO ANNOUNCEMENTS
------------------------	---	--

Date 10-04-2013	Payee name CITY OF HOUSTON - PERMITTING CENTER
--------------------	---

Amount (\$) 31.70 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1002 WASHINGTON AVE. HOUSTON, TX 77002
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) NOISE PERMIT
------------------------	---	---

Date 10-03-2013	Payee name UNITED STATES POSTAL SERVICE
--------------------	--

Amount (\$) 200 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code HOUSTON, TX 77002
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) BULK RATE PERMIT FEE
------------------------	---	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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 G: 7 (7/7)	2 FILER NAME RICHARD NGUYEN	3 ACCOUNT # (Ethics Commission Filers)
---	---------------------------------------	---

4 Date 10.10.2013	5 Payee name JOSHUA BULLARD
-----------------------------	---------------------------------------

6 Amount (\$) 300 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. BOX 667481 HOUSTON, TX 77266
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) POLITICAL CONSULTING
---------------------------------	--	---

Date 10.19.2013	Payee name TAN BINH MARKET
--------------------	-------------------------------

Amount (\$) 13.88 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11360 BELLAIRE BLVD HOUSTON, TX 77072
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) TRASH BAGS / BOXES
------------------------	---	---

Date 10.21.2013	Payee name VOLUNTEERS
--------------------	--------------------------

Amount (\$) 121.92 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code HOUSTON, TX 77072
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) AFTER RALLY MEAL
------------------------	---	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED