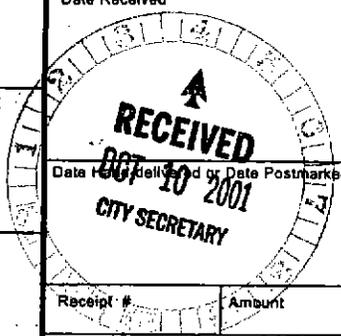


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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	TITLE: HOC MI: T. NICKNAME: NGUYEN LAST: LAST SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8102 BELLAIRE BLVD. HOUSTON TX 77036		
5 CAMPAIGN TREASURER NAME	TITLE: TIN TUEN MI: NICKNAME: HA NGUYEN LAST: LAST SUFFIX:	Date Received Receipt # Amount	Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10515 BELLAIRE BLVD. S. 2 HOUSTON TX 77072		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 351-3475		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7/01/01 9/27/01		
10 ELECTION	ELECTION DATE Month Day Year 11/6/02	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) CITY COUNCIL DIST. F	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditures. ** Name: Address / PO Box; Apt. / Suite #; City; State; Zip Code:		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission files)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
----------------------------------	--

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,580.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,900.00
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Louis Gonzalez, this the 10 day of Oct, 2001, to certify which, witness my hand and seal of office.


Louis Gonzalez
Notary

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME NGUYEN THAI HOC		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/1/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DEP MAGAZINE	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable) WRITTEN
6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON TEXAS 77036			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 9/2/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DUC NGUYEN YEN	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable) CASH
Contributor address; City; State; Zip Code [REDACTED] HOUSTON TEXAS 77085			
Principal occupation (Optional) BUS. OWNER		Employer (Optional) BUS. OWNER	
Date 9/2/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rocky McCORMACK	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable) WRITTEN
Contributor address; City; State; Zip Code HOUSTON TEXAS			
Principal occupation (Optional) BUS. OWNER		Employer (Optional) BUS. OWNER	
Date 9/5/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAN Bui	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable) CASH
Contributor address; City; State; Zip Code [REDACTED] HOUSTON TEXAS 77086			
Principal occupation (Optional)		Employer (Optional)	
Date 9/5/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BINH HO	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable) CASH
Contributor address; City; State; Zip Code HOUSTON TX 77086			
Principal occupation (Optional) BUS. OWNER		Employer (Optional) BUS. OWNER	

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

PLEGGED CONTRIBUTIONS

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1:	
2 FILER NAME NGUYEN THAI HOI		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date 9/10/08	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) THIEU NGUYEN 7 Pledgor address; City; State; Zip Code [REDACTED] HOUSTON TEXAS	8 Amount of pledge (\$) \$ 1,000.00	9 In-kind description (if applicable) CASH
10 Principal occupation (optional) ENGINEERING		11 Employer (optional) TX INSTRUMENT	
Date 9/20/08	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) THERESA NGUYEN Pledgor address; City; State; Zip Code	Amount of pledge (\$) \$ 400.00	In-kind description (if applicable) CASH
Principal occupation (optional) RETIRED		Employer (optional) MY OWN MOTHER	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME NGUYEN THAI HOA		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/15/01	5 Payee name TX PRINTING CO. 6 Payee address; City; State; Zip Code HOUSTON TEXAS	7 Amount (\$) \$ 3,400.00
8 Purpose of payment (See instructions regarding type of information required.) YARD SIGNS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: NGUYEN THAI HOA DIST. F Office sought: _____ Office held: _____
Date 9/20/01	Payee name C/O PRINTERS Payee address; City; State; Zip Code 2701 BELLAIRE BLVD. HOUSTON TEXAS 77072	Amount (\$) \$ 1,500.00
Purpose of payment (See instructions regarding type of information required.) BUS. CARDS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: NGUYEN THAI HOA DIST. F Office sought: _____ Office held: _____
Date 9/21/01	Payee name NGO T. SON Payee address; City; State; Zip Code HOUSTON TEXAS	Amount (\$) \$ 2,000.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: NGUYEN THAI HOA DIST. F Office sought: _____ Office held: _____
Date 9/21/01	Payee name LARRY CARRIERE Payee address; City; State; Zip Code HOUSTON TEXAS	Amount (\$) \$ 2,000.00
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN STAFF		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: NGUYEN THAI HOA DIST. F Office sought: _____ Office held: _____
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/10/01	5 Payee name NGO T. SON	8 Amount (\$) \$ 2,000.00
	6 Payee address; City; State; Zip Code HOUSTON TX	
7 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN STAFF		<input type="checkbox"/> Reimbursement from political contributions intended

Date 10/10/01	Payee name LARRY CARRIERE	Amount (\$) \$ 2,000.00
	Payee address; City; State; Zip Code HOUSTON TX	
Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN STAFF		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.	1 Total pages Schedule I:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

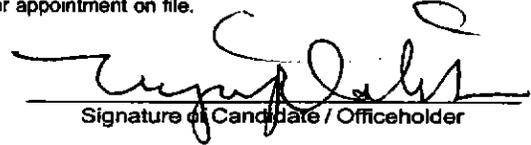
**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are a candidate ****

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder