CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Pilar	MI	OFFICE USE ONLY
NAME	NICKNAME Candia	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO BOX 7512	STATE; ZIP CODE	JUL 17 2017
Change of Address	Fort Wo	3(411 / 1/2 NOIT)	Board of Education
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (682) 239-1366	EXTENSION	By Saura Stator Date Hand-delivered or Date Postmarked 7-17-17
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Belinda	МІ	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Norris		Date Imaged 7-17-17
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		h. Texas 76111
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 437 - 2904	EXTENSION	
9 REPORT TYPE	January 15 30th day before electrical January 15 8th day before electrical July 15		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 / 28 / 17	THROUGH 7	Day Year / 17
11 ELECTION	Month Day Year Primary 5 / 6 / 17 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Pilar (Candia 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUI DIDIATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
	0, 20, 10		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN TREASURER ADDITES	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS	PLEDGI	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI	5 ,
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4697.00
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 15,516.18
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. PORTING PERIOD	\$ 350.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT	·		
LAURA LITTON MY COMMISSION EXPIRES JUNE 23, 2020 NOTARY ID: 124966812 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 NOTARY STAM			
Sworn to and subscribed before me, by the said Pilar Candia , this the 175			
day of July, 20//, to certify which, witness my hand and seal of office.			
Laura y) / Hom	haura hitton	Board Asst.
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4697.∞
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,516.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.:	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	рн \$
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

			CONEDULE 711
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Pilar Candia		
4 Date	5 Full name of contributor out-of-state PAG		7 Amount of contribution (\$)
4/29/17	Rosa Navejar 6 Contributor address; City; State 2701 Calder C+ Fort	o; Zip Code WORM 76107	\$ 200.00
O Debughest says	restor / Johnstein (Constructions)	9 Employer (See Instruct	tione)
8 Principal occu	pation / Job title (See Instructions) Solf - employed	Pios Group	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4129)17	Walter Morosky Jr. Contributor address; City; State 2517 Ryon Place For C	e; Zip Code	\$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
1	Fourth & Sylvania Inc. Contributor address: City; State 900 Jackson St Dallas, Suite B	e; Zip Code	\$2,000
Principal occu	Scif - employed	Employer (See Instruc	tions)
Date		c (ID#:)	Amount of contribution (\$)
	Contributor address; City; Stat	e; Zip Code + Worth, TX 	\$ 2,422.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Pilar Candia 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) loc Ralph Martinez \$25.00 5/5/17 6 Contributor address; City; State; Zip Code 2844 May St. Fort Worth, Tx 7(110 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Realtor Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ City; State; Zip Code Contributor address; 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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salarie The Instruction Guide explains how t	Other (enter a category not listed above) co complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Pilar Candia	3 Filer ID (Ethics Commission Filers)	
4 Date 4 128 117	Print Place		
6 Amount (\$) \$ 530.00	7 Payee address; City; State; Zip Code 1130 AVC H . Fast At li	ngton TX 760111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advershising	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held	
Date 4 28 1 -	Payee name All Seasons Tint and	d Graphic Design	
Amount (\$)	Payee address; City; State; Zip Code 6515 SmithField Pd N	Josth Richland Hills, JY 76182	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Check 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/OI	Candidate / Officeholder name H	Office sought Office held	
Date 4/28/17	Print Place		
Amount (\$) \$414.02	Payee address; City; State; Zip Code 1136 Ave H. East Art	ington 1TX 760111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to committee	Vages/Contract Labor Other (enter a category not listed above) complete this form.	
1 Total pages Schedule F1:	2 FILER NAME PILAT Candia	3 Filer ID (Ethics Commission Filers)	
4 Date 4 29 17	5 Payee name Happy Ficsta	•	
6 Amount (\$) \$ 350.00	7 Payee address; City; State; Zip Code 33 44 5. Grove Fort Wo	orth, Texas 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held	
Date 4 29 17	Payee name Paulina Paredes		
Amount (\$) \$ 200.00	Payee address; City; State; Zip Code 1315 POWK St. Fort W	vorth, TX 76164	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Check 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/OF	Candidate / Officeholder name	Office sought Office held	
Date 4 29 17	Payee name Kassandia Fernandez		
Amount (\$) \$ 200 · 00	Payee address; City; State; Zip Code 6604 LUCING C+. F	FOR WORTH 76134	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Check 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/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Candia 4 Date 5 Payee name Alvarado Silvano 4/29/17 6 Amount (\$) 7 Payee address; City; State; Zip Code 850 N. Oak St. Apt #103 \$ 200.00 Arlington, Texas 76011 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Labor OF Contract Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 4/29/17 Karla Pineda Ss; City; State; Zip Code Grand National Blud Amount (\$) Payee address; 1009 Q150.00 Worth, TX 76179 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contract Labor Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Alexia Juanz 4/29/17 Amount (\$) Payee address; City; State; Zip Code Goldeniod Ave Toth Worth, TX 2610 \$ 250.00 76111 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Contract Labor Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pilar Candia 4 Date 5 Payee name 4 129 17 Hennessu 6 Amount (\$) Worth, 76164 Texas. Park \$150.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contract Labor Light Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Remmy Guzman 4/29/17 Amount (\$) St Fort Worth, TX 76164 2704 156,00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Contract Labor **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date samonthy Sotelo 4129/17 Payee address; City; State; Zip Code Amount (\$) Fort Worth, TX 1212 Circle 100.00 76164 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Contract labor Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) nt Expense Loan Repayment/Reimburseme

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

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

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 4 / 29 / 17	Tvan Martinez		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$50.00	3908 Gordon Ave.	FOR Worth, TX 761641	
		7616V	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF	Contract Labor	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Compact		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
5/1/17	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
\$120.00		Á	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF	Advertising	Check if Austin, TX, officeholder living expense	
EXPENDITURE	7,000		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
5/11/17	Eagle Mart Fort Wo	44	
Amount (\$)	Payee address; City; State; Zip Code		
05.05	1200 W. Seminory	Fort Worth,	
25.95	,	76115	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF	I Function	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Event Expense		
		0,50	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Overt Food/Beverage Expense Polling Expense Printing Exp	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)
4 Date 5/1/17	5 Payee name Walmart Supercenter		
6 Amount (\$) \$83.47	7 Payee address; City; State; Zip Code 3851 Airport Free way Tor		7611
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		itside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/1/12	Pel WEI		
Amount (\$)	Payee address; City; State; Zip Code 2600 W - 7+h		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 5 1 1 +	Payee name All Stcv Party		
Amount (\$) \$312.84	Payee address; City; State; Zip Code	Fort Worth	h 76111
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/M The Instruction Guide explains how to c	/ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Pilar Candia	3 Filer ID (Ethics Commission Filers)	
4 Date 5 3 17	5 Payee name Guse's Fined Chi	chen	
6 Amount (\$) 33.75	7 Payee address; City; State; Zip Code 1067 W Magnolia A	ve	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
5/2/17	Taaveng TEMO		
Amount (\$) 55.96	Payee address; City; State; Zip Code 3450 December Ave	FOA WATE -	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
5/3/17	Quicktrip Corporation		
Amount (\$) \$ 51.51	Payee address; City; State; Zip Code	wolth TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Expense / Gas	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pilar Candia 5 Payee name Place 514117 6 Amount (\$) 7 Payee address; Arlington, TX 76011 1130 \$ 3703.41 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Printing Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 514/17 (ure Amount (\$) Payee address; State; Zip Code \$100.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Donation **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)

PURPOSE
OF
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Matthew Rd. Grand Plaine, TX

Cancino Sr. Foundation

Payee name

5009

Date

5/4/17

\$100.00

Amount (\$)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Event Expense Loan Repay Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	yment/Reimbursement rhead/Rental Expense sense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1;	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 5 4 17	5 Payee name Burger			
6 Amount (\$) \$24.41	7 Payee address; City; State; Zip Code W. 7th St	3 610 3		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food EARCSC		side of Texas, Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5 5 17	Subway			
Amount (\$) \$ 34.21	Payee address; City; State; Zip Code F	EU TX JOIN	ρΥ	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Exact S(side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		-	
5 5 17	Print Place			
Amount (\$)	Payee address; City; State; Zip Code	luesta =		
9566.77	1130 Ave H. Fout AA	ington, TX 76e	511	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Pilar Candia 4 Date 5 Payee name Saaler. Michael 7 Payee address; City; State; Zip Code 6 Amount (\$) Fort worth , Texas 76111 2624 \$ 104.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contract Labor Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name 515/17 Amount (\$) City; State; Zip Code Worth 76102 301 25.85 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Event Expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Eleven 515/17 Seven Amount (\$) Payee address; City; State; Zip Code St. FOR WORTH 820 40.FN 3611 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Gas **EXPENDITURE** Office sought Office held

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILEBNAME Pilor Condi G 3 Filer ID (Ethics Commission Filers)		
4 Date 5/5/17	5 Payee name Tom Thumb		
6 Amount (\$)	7 Payee address; City; State; Zip Code 2400 W. 7th Fort Worth 76107		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expende (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name Office sought Office held		
Date	Payee name		
5/6/17	Talo Caban a		
Amount (\$) \$ 5 4 . 9 5	Payee address; City; State; Zip Code 801 N Beach For Worth, Tx 76111		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense Description Check 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/Oh	Candidate / Officeholder name Office sought Office held		
Date 5 6 1 7	Dominos Pizza		
4mount (\$) 5 100, 73	Payee address; City; State; Zip Code 2801 W. Berry Fort worth, TX 36110		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME PILO Candi	a	3 Filer ID (Ethics Commission Filers)
4 Date 5/6/17	5 Payee name fassanda Fe	?inarde2	
6 Amount (\$) \$ 200.00	7 Payee address; City; State; Zip Code 6604 Walla	it.	Texas 76134
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Correct Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 5/6/17	Payee name Kurla Pineda		
Amount (\$) \$ 200.00	Payee address; City; State; Zip Code	Blud For war	In, Texas 76179
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/6/17	Betsy 41Gtonic		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 200.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract (abor)		ulside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	·	Vages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME PILO CO-CLIC	3 Filer ID (Ethics Commission Filers)		
4 Date 5/6/17	5 Payee name Alexica Juoitz			
6 Amount (\$)	7 Payee address; City; State; Zip Code Coldeniod A	rue Folt Weith, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Cortract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
516 17	Payee name SIlvano Alvaracle	6		
Amount (\$)	Payee address; City; State; Zip Code 805 N.Ook St. # 103 Allngton Texas	3 76011		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check 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/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 Check 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/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Salaries/Wages/Contract Labor		
	The Instruction Guide ex	plains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Pilor Co	andia	3 Filer ID (Ethics Commission Filers)	
4 Date 5 6 17	5 Payee name Amenicado Fo	1 Wolth		
6 Amount (\$) \$ 4 52.90	7 Payee address; City; State		worth 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if tra	vel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
516/17	MH Moore	PTA		
Amount (\$) \$ 100.00	Payee address; City; State	; Zip Code 36th St Toxt	WOHH , TX 76/03	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description Check if trav	el outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/8/17	Painter Communications			
Amount (\$)	Payee address; City; State	; Zip Code		
3000 , Oo	U413 Northslow	- Parkway , N	14#146 Honta, GA	
PURPOSE OF EXPENDITURE	Advertising Exp	this schedule) Description Check if trav	rel oulside of Texas. Complete Schedule T. ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME PILOW Car	3 Filer ID (Ethics Commission Filers)		
4 Date 5/10/17	5 Payee name Vista Pont			
6 Amount (\$) \$83.97	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
5/19/1)	Nieman Pontino			
Amount (\$)	Payee address; City; State; Zip Code	- 100		
\$ 1814.53	10615 New Kirk Soit	e 100 allas, Texas 7522 O		
PURPOSE OF EXPENDITURE	Printing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
5/19/17	US Postal Service			
Amount (\$) \$29.40	Payee address; City; State; Zip Code	worth 7c 111		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pilar Candia Espino Campaig 4 Date 5 Payee name 7 Payee address; City; State; Zip Code 6 Amount (\$) 1205 N. Main (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contribution OF Check if Auslin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Facebook 7131 Amount (\$) Payee address; City; State; Zip Code \$70.88 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Espino 7/7/17 (Bay Amount (\$) Payee address; City; State; Zip Code Fursman Ave Fort Worth TX 5825 \$ 50.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED