

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

50

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Pilar

NICKNAME

LAST

SUFFIX

Candia

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 7512

Ft. Worth Texas 76111

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(682)

239-1366

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Belinda

NICKNAME

LAST

SUFFIX

Norris

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2405 Bird Street, Fort Worth Tx 76111

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 437-2904

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Feb / 01 / 17

THROUGH

Month

Day

Year

April / 6 / 17

11 ELECTION

ELECTION DATE

Month

Day

Year

May / 06 / 17

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FWISD Trustee District 9

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

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

Sworn to and subscribed before me, by the said Pilar Candia, this the 6th day of April, 2017, to certify which, witness my hand and seal of office.

Laura Litton Laura Litton 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

Pilar Candia

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23404.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1138.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,112.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)**4** Date

2/25/17

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

Jorge Baldor

6 Contributor address;

City; State; Zip Code

1999 Mckinney Dallas Texas

7 Amount of contribution (\$)

5000.00

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert McLean

Contributor address;

City; State; Zip Code

226 Bailey Ave

Fort Worth Tx 76107

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

2/28/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Fran McCarthy

Contributor address;

City; State; Zip Code

1208 Magnolia

Fort Worth, Tx 76104

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

2/16/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lilian Pinkus

Contributor address;

City; State; Zip Code

7040 Teak Drive

Dallas Tx 75240

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Self Employed

Thanks F.G

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)**4** Date

2/16/17

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

Sandra Breux

6 Contributor address;

City; State; Zip Code

4751 West Creek Drive

Fort Worth Texas 76133

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

2/01/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lynn Johnson

Contributor address;

City; State; Zip Code

1968 Lipscomb

Fort Worth Tx 76110

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Martinez

Contributor address;

City; State; Zip Code

P.O Box 101372

Fort Worth Tx 76185

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

2/1/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Salvador Espino

Contributor address;

City; State; Zip Code

1205 N. Main St.

Fort Worth Tx 76164

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Douglas Cooper

6 Contributor address;

City; State; Zip Code

2600 W. 7th

Fort Worth Tx 76107

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#:

Carla Bustillos

Contributor address;

City; State; Zip Code

9004 Beacon Court

Fort Worth Texas 76108

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#:

Elizabeth Beck

Contributor address;

City; State; Zip Code

2717 Ryan Ave

Fort Worth, Tx 76110

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#:

Valerie Washington

Contributor address;

City; State; Zip Code

6102 Portico Drive

Fort Worth Texas 76132

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

City of Fort Worth

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)**4** Date

3/4/17

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

Ramon Romero

6 Contributor address;

City; State; Zip Code

3220 View st

Fort Worth Texas 76103

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#:

Heriberto Salinas

Contributor address;

City; State; Zip Code

Cleburne Texas

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#:

Allyn Kramer

Contributor address;

City; State; Zip Code

5928 Twin Cove

Dallas Tx 75248

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#:

Verenice Bustillos

Contributor address;

City; State; Zip Code

4837 Greenstien Dr.

Fort Worth Tx 76244

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Albertsons

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jorge Bazan

6 Contributor address;

City; State; Zip Code

3248 W. 7th

Fort Worth Texas 76107

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wendy Ayala

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

College Student

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Liz Treviño

Contributor address;

City; State; Zip Code

1301 Throckmorton st

Fort Worth Tx 76102

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Dr.

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sandra Garza

Contributor address;

City; State; Zip Code

5248 Cameron Creek

Fort Worth Texas 76132

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Health American Insurance

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6/24
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marie Cooper 6 Contributor address; City; State; Zip Code 2604 5th Ave Fort Worth Texas 76110	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) FWISD		9 Employer (See Instructions)
Date 2/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ty Williams Contributor address; City; State; Zip Code 662 May St Fort Worth Texas 76104	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Real Estate broker		Employer (See Instructions)
Date 2/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Angelica Ortiz Contributor address; City; State; Zip Code 1825 Gould st Fort Worth Texas 76164	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) FWISD		Employer (See Instructions)
Date 2/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Channy Salazar Contributor address; City; State; Zip Code 9125 TRAIL WOOD DR , NORTH RICHLAND HILLS	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Self Employed		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.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7/24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)**4** Date

2/20/17

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

Osman Abdullahi

7 Amount of contribution (\$)

20.00

6 Contributor address;

City; State; Zip Code

7405 Avington Way

Fort Worth Texas 76134

8 Principal occupation / Job title (See Instructions)

Student

9 Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Esperanza Huitron

Amount of contribution (\$)

80.00

Contributor address;

City; State; Zip Code

3516 S. Jones

Fort Worth Texas 76110

Principal occupation / Job title (See Instructions)

Home Maker

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Florence Bruner

Amount of contribution (\$)

20.00

Contributor address;

City; State; Zip Code

4900 N.E 28th St

Fort Worth Tx 76111

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeff Whitefield

Amount of contribution (\$)

20.00

Contributor address;

City; State; Zip Code

2020 Glenco Ter.

Fort Worth Texas 76110

Principal occupation / Job title (See Instructions)

Attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8/24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stacey Vasquez

6 Contributor address;

City; State; Zip Code

2733 Yucca ave

Fort Worth Texas 76111

7 Amount of contribution (\$)

20.00

8 Principal occupation / Job title (See Instructions)

TCU Student

9 Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frank Fierro

Contributor address;

City; State; Zip Code

2408 Dancy

Fort Worth Texas 76131

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Media Constultant

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rosie Medina

Contributor address;

City; State; Zip Code

8017 Treeleaf

Fort Worth Texas 76123

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

FWISD

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kirk Ninemier

Contributor address;

City; State; Zip Code

12216 Worchister drive

Crowley Texas 76036

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

FWISD

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charles Bradey

6 Contributor address;

City; State; Zip Code

100 Throckmorton

Fort Worth Tx 76102

7 Amount of contribution (\$)

80.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ruben Garcia

Contributor address;

City; State; Zip Code

900 Boxcar

Fort Worth Texas 76107

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Constable

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Esmeralda Orozco

Contributor address;

City; State; Zip Code

10105 Ash Creek lane

Fort Worth Texas 76177

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Glenn Lewis

Contributor address;

City; State; Zip Code

5600 Rock Hill Drive

Fort Worth Texas 76112

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Cecilia Saenz

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

1869 Grand Ave

Fort Worth Texas 76164

8 Principal occupation / Job title (See Instructions)

Paralegal

9 Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#:

Lynn Johnson

Amount of contribution (\$)

2/25/17

Contributor address;

City; State; Zip Code

1968 Lipscomb ave

Fort Worth Texas 76110

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#:

Celia Garza

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

701 E. Love

Fort Worth Texas 76102

Principal occupation / Job title (See Instructions)

State Rep District Director

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#:

Steven Meeks

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1125 Hidden Oaks

Bedford Texas 76022

Principal occupation / Job title (See Instructions)

Attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pat Richardson

6 Contributor address;

City; State; Zip Code

1600 Texas Street

Fort Worth Texas 76102

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gwinda Burns

Contributor address;

City; State; Zip Code

P.O. Box 8704

Fort Worth Texas 76124

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lisa Espitia

Contributor address;

City; State; Zip Code

4413 Byrd st

Fort Worth Texas 76114

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

FWISD

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Greg Hughes

Contributor address;

City; State; Zip Code

3408 View St

Fort Worth Texas 76103

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Lockheed Martin

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 / 24
2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alfred Saenz 6 Contributor address; City; State; Zip Code 407 Throckmorton st Fort Worth Texas 76102	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions)
Date 2/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Luz Verduzco Contributor address; City; State; Zip Code 824 Dawn Light Fort Worth Texas 76001	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 2/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Crane Contributor address; City; State; Zip Code 4450 Oakpark lane Fort Worth Texas 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 2/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Heather Bright Contributor address; City; State; Zip Code 1040 Choke Cherry Crowley Tx 76036	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Self Employed		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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeff Whitfield

6 Contributor address;

City; State; Zip Code

2020 Glenco Terrace

Fort Worth Texas 76110

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mario Perez

Contributor address;

City; State; Zip Code

2744 5th St

Fort Worth Texas 76110

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

2/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hector Carrillo

Contributor address;

City; State; Zip Code

7040 N. Sylvania

Fort Worth Texas 76111

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Self employed

Employer (See Instructions)

Date

3/4/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rob Schliser

Contributor address;

City; State; Zip Code

12 Wynfall Ave

Maryland Crisfield 21817

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Retired

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Emmad Salem

6 Contributor address;

City; State; Zip Code

806 Parkhill drive

Euleess Texas 76040

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

Realtor

9 Employer (See Instructions)

Date

3/8/17

Full name of contributor

☐ out-of-state PAC (ID#:

Brianne Hudson

Contributor address;

City; State; Zip Code

4915 Paseo del norte ne

Albuquerque NM 87113

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

TGNW Agency

Employer (See Instructions)

Date

3/12/17

Full name of contributor

☐ out-of-state PAC (ID#:

Salman Bhojani

Contributor address;

City; State; Zip Code

1010 Los valley drive

Euleess Texas 76039

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Bhojani and Nelson P LLC

Employer (See Instructions)

Date

3/14/17

Full name of contributor

☐ out-of-state PAC (ID#:

Krystal Falkner

Contributor address;

City; State; Zip Code

813 East Wall St

Grapevine Texas 76051

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Self Employed

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

15 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Billy Williams

7 Amount of contribution (\$)

300.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

City of Fort Worth

9 Employer (See Instructions)

Date

3/15/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Rosenthal

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

3952 Thisle Lane

Fort Worth Texas 76109

Principal occupation / Job title (See Instructions)

Self employed

Employer (See Instructions)

Date

2/20/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cindy James

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

5816 Wedgeworth

Fort Worth Texas 76133

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/16/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Greater Fort Worth Association of Realtors

Amount of contribution (\$)

3000.00

Contributor address;

City; State; Zip Code

2650 Parkview dr

Fort Worth Texas 76102

Principal occupation / Job title (See Instructions)

PAC

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

16/24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

James Bair

6 Contributor address;

City; State; Zip Code

2002 Lipscomb st

Fort Worth Texas 76110

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/17/17

Full name of contributor

☐ out-of-state PAC (ID#:

Elizabeth Beck

Contributor address;

City; State; Zip Code

P.O Box 374

Fort Worth Texas 76101

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

3/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

Carolyn Warren

Contributor address;

City; State; Zip Code

628 Saddle Ridge Trail

Fort Worth Texas 76087

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

Eva Bonilla

Contributor address;

City; State; Zip Code

362 Foch St

Fort Worth Texas 76107

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Lisa Woodard

6 Contributor address;

City; State; Zip Code

5633 Grenada

Fort Worth Texas 76119

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Justice of the Peace

9 Employer (See Instructions)

Date

3/23/17

Full name of contributor

☐ out-of-state PAC (ID#:

Armando Flores

Contributor address;

City; State; Zip Code

1411 N. Main Street

Fort Worth Texas 76164

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

3/6/17

Full name of contributor

☐ out-of-state PAC (ID#:

Rosa Navejar

Contributor address;

City; State; Zip Code

2701 Calder court

Fort Worth Texas 76107

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/6/17

Full name of contributor

☐ out-of-state PAC (ID#:

Annet Soto

Contributor address;

City; State; Zip Code

4749 Bracken drive

Fort Worth Texas 76137

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

US Department of Transportation

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

18/24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marc Charles Palmer

7 Amount of contribution (\$)

10.00

6 Contributor address;

City; State; Zip Code

1720 Washington Ave

Fort Worth Texas 76110

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

3/2/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Salgado

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

4312 Ashmore Drive

NRH Texas 76180

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

3/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Massey Villareal

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

4515 Riley way lane

Sugarland Texas 77479

Principal occupation / Job title (See Instructions)

PTG

Employer (See Instructions)

Date

3/22/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Corey Fickes

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

3128 Wild Plumb

Fort Worth Texas 76109

Principal occupation / Job title (See Instructions)

Attorney

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

19 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

3/22/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Chad Clawson

6 Contributor address;

City; State; Zip Code

517 Hardwood rd

Bedford Texas 76021

7 Amount of contribution (\$)

155.00

8 Principal occupation / Job title (See Instructions)

Chiropracter

9 Employer (See Instructions)

Date

3/22/17

Full name of contributor

☐ out-of-state PAC (ID#:

Jordan Jauger

Contributor address;

City; State; Zip Code

4300 Dunlavy st

Houston Texas 77006

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Date

3/22/17

Full name of contributor

☐ out-of-state PAC (ID#:

Cindy Crane

Contributor address;

City; State; Zip Code

284 Gail drive

Weatherford Texas 76085

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Metro Dallas Homeless Alliance

Employer (See Instructions)

Date

3/22/17

Full name of contributor

☐ out-of-state PAC (ID#:

Jose Juarez

Contributor address;

City; State; Zip Code

505 Christy Court

Fort Worth Texas 76140

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Realtor

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

20/24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)**4** Date

3/22/17

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

Joshua Barvin

6 Contributor address;

City; State; Zip Code

6202 New Castle Street

Belaire Texas 77401

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Date

3/22/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jose Chavez

Contributor address;

City; State; Zip Code

8104 Marie lane

Fort Worth Texas 76123

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

USPS

Employer (See Instructions)

Date

3/22/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jorge Molina

Contributor address;

City; State; Zip Code

2602 Hollywood Drive

Arlington Texas 76013

Amount of contribution (\$)

110.00

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

3/22/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cindy Moskowitz

Contributor address;

City; State; Zip Code

5915 Warm Mist Lane

Dallas Texas 75248

Amount of contribution (\$)

255.00

Principal occupation / Job title (See Instructions)

Self Employed

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

3/23/17

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Kendra Schalk

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

2508 Westbrook Ave

Fort Worth Texas 76111

100.00

8 Principal occupation / Job title (See Instructions)

Signet Jewlers

9 Employer (See Instructions)

Date

3/24/17

Full name of contributor

☐ out-of-state PAC (ID# _____)

David Lopez

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

7 Chelsea Drive

Fort Worth Texas 76134

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Date

3/24/17

Full name of contributor

☐ out-of-state PAC (ID# _____)

Gerardo Juarez

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

731 Alston

Houston Texas 77007

Principal occupation / Job title (See Instructions)

HP

Employer (See Instructions)

Date

3/27/17

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ramiro Ramirez

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

4200 South Freeway

Fort Worth Texas 76115

Principal occupation / Job title (See Instructions)

Self Employed

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

22 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Brian Colon

6 Contributor address;

City; State; Zip Code

1101 Diamond Back Drive

Albuquerque NM 87113

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

3/29/17

Full name of contributor

☐ out-of-state PAC (ID#:

Manuel Rajunov

Contributor address;

City; State; Zip Code

1250 Wildfire lane

Frisco Texas 75033

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

3/29/17

Full name of contributor

☐ out-of-state PAC (ID#:

John Lahoff

Contributor address;

City; State; Zip Code

5659 Jefferson

Albuquerque NM 87109

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Southwest Labs

Employer (See Instructions)

Date

3/29/17

Full name of contributor

☐ out-of-state PAC (ID#:

Michell Meiches

Contributor address;

City; State; Zip Code

4315 Bryn mawr

Dallas Texas 75225

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Retired

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

23 / 24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)**4** Date

3/30/17

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

Ashanti Gholar

6 Contributor address;

City; State; Zip Code

P.O. Box 11335

Alexandria VA 22312

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

Emerge America

9 Employer (See Instructions)

Date

3/30/17

Full name of contributor

☐ out-of-state PAC (ID#:

Jarred Beck

Contributor address;

City; State; Zip Code

6231 Azalea lane

Dallas Texas 75230

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

United Texas Bank

Employer (See Instructions)

Date

3/31/17

Full name of contributor

☐ out-of-state PAC (ID#:

Aracely Chavez

Contributor address;

City; State; Zip Code

6920 Wicks Trail

Fort Worth Texas 76133

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

FWISD

Employer (See Instructions)

Date

3/31/17

Full name of contributor

☐ out-of-state PAC (ID#:

Marcel Leblanc

Contributor address;

City; State; Zip Code

2917 Morton Street

Fort Worth Texas 76107

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Self Employed

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

24/24

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Malcom Loudon

6 Contributor address;

City; State; Zip Code

500 W. 7th

Fort Worth Texas 76102

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Date

3/23/17

Full name of contributor

☐ out-of-state PAC (ID#:

Charles Brady

Contributor address;

City; State; Zip Code

1919 Allen Adel Rd

Arlington Texas 76013

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

3/2/17

Full name of contributor

☐ out-of-state PAC (ID#:

Jason Smith

Contributor address;

City; State; Zip Code

600 8th Ave

Fort Worth Tx 76104

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
1 of 2

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$
1000.00

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID#:

Ty Williams

7 Contributor address; City; State; Zip Code

2/1/17

650 May St

Fort Worth Texas 76104

8 Amount of Contribution \$

9 In-kind contribution description

Office Lease

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Real Estate

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Self employed

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

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

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 of 2

2 FILER NAME

Pilar Candia

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3/20/17

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

Ty Williams

7 Contributor address; City; State; Zip Code

662 May Street Fort Worth TX 76104

8 Amount of Contribution \$

138.00

9 In-kind contribution description

Advertising

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Real Estate

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Self Employed

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.2em;">1 / 21</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Pilar Candia</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">2/1/17</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">USPS</div>	
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$26.00</div>	7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">400 N. Retta St. Fort Worth , TX 76111</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Advertising Expense</div>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <div style="text-align: center; font-size: 1.2em;">2/1/17</div>	Payee name <div style="text-align: center; font-size: 1.2em;">Pilar Candia</div>	
Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$242.78</div>	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">2610 Goldenrod Ave.</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Reimbursement</div>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Date <div style="text-align: center; font-size: 1.2em;">2/6/17</div>	Payee name <div style="text-align: center; font-size: 1.2em;">Roxstar Marketing</div>	
Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$800.00</div>	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">PO BOX 162253, Fort Worth, TX 76161</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Advertising Expense</div>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 / 21		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 2/7/17		5 Payee name Print Place			
6 Amount (\$) \$115.19		7 Payee address; City; State; Zip Code 1132 Ave H East Arlington TX 76011			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/10/17		Payee name Edwards and Pattersons Signs			
Amount (\$) \$2813.73		Payee address; City; State; Zip Code 4733 Don Drive , Dallas TX 75247			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertisement Expense		Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> 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 2/13/17		Payee name Tommys Hamburguers			
Amount (\$) \$43.35		Payee address; City; State; Zip Code 2455 Forest Park Blvd. Fort Worth 76110			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3/21	Pilar Candia	
4 Date	5 Payee name	
2/13/17	Walmart	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$43.38	6604 Boulevard 26. Richland Hills, TX 76118	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Transportation Expense/Gas	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
2/13/17	All Seasons Tint and Graphic Design	
Amount (\$)	Payee address; City; State; Zip Code	
\$65.00	6515 Smithfield Rd. North Richland Hills, Texas 76182	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Advertising Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
2/14/17	Print Place	
Amount (\$)	Payee address; City; State; Zip Code	
\$115.19	1131 Ave H East Arlington TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Printing 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/21		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 2/15/17		5 Payee name Edwards and Pattersons Signs			
6 Amount (\$) \$1834.00		7 Payee address; City; State; Zip Code 4733 Don Drive , Dallas TX 75247			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/16/17		Payee name All Seasons Tint and Graphic Design			
Amount (\$) \$96.34		Payee address; City; State; Zip Code 6515 Smithfield Rd. North Richland Hills,TX 76182			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/16/17		Payee name Fort Worth Classics Car Club			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 11209 Dove Valley Trl. Haslet TX 76052			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donations made by candidate		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.5em;">5 / 21</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Pilar Candia</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center;">2/18/17</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">Quick Trip</div>	
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$35.86</div>	7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1101 Hemphill Fort Worth, TX 76104</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Transportation Expense</div> </div> <div style="width: 50%;"> (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="text-align: center;">Date</div> <div style="text-align: center;">2/18/17</div>	<div style="text-align: center;">Payee name</div> <div style="text-align: center; font-size: 1.2em;">Pauls Donuts</div>	
<div style="text-align: center;">Amount (\$)</div> <div style="text-align: center;">\$ 21.97</div>	<div style="text-align: center;">Payee address; City; State; Zip Code</div> <div style="text-align: center; font-size: 1.2em;">1234 Hemphill. Fort Worth, Texas 76104</div>	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Food/Beverage Expense</div> </div> <div style="width: 50%;"> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
<div style="text-align: center;">Date</div> <div style="text-align: center;">2/18/17</div>	<div style="text-align: center;">Payee name</div> <div style="text-align: center; font-size: 1.2em;">Lisas Chicken</div>	
<div style="text-align: center;">Amount (\$)</div> <div style="text-align: center;">\$30.36</div>	<div style="text-align: center;">Payee address; City; State; Zip Code</div> <div style="text-align: center; font-size: 1.2em;">716 N. Riverside Dr. Fort Worth TX 76111</div>	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Food/Beverage Expense</div> </div> <div style="width: 50%;"> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="font-size: 1.5em; margin-left: 40px;">6 / 21</div>	2 FILER NAME <div style="margin-left: 40px;">Pilar Candia</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="margin-left: 40px;">2/19/17</div>	5 Payee name <div style="margin-left: 40px;">Wingstop</div>	
6 Amount (\$) <div style="margin-left: 40px;">\$33.84</div>	7 Payee address; City; State; Zip Code <div style="margin-left: 40px;">4017 E.Belknap St. Fort Worth TX 76111</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="margin-left: 40px;">Food/Beverage Expense</div>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="margin-left: 40px;">Date</div> <div style="margin-left: 40px;">2/19/17</div>	<div style="margin-left: 40px;">Payee name</div> <div style="margin-left: 40px;">Snapchat</div>	
<div style="margin-left: 40px;">Amount (\$)</div> <div style="margin-left: 40px;">\$5.00</div>	<div style="margin-left: 40px;">Payee address; City; State; Zip Code</div>	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="margin-left: 40px;">Category (See Categories listed at the top of this schedule)</div> <div style="margin-left: 40px;">Advertising Expense</div>	<div style="margin-left: 40px;">Description</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="margin-left: 40px;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div>		
<div style="margin-left: 40px;">Date</div> <div style="margin-left: 40px;">2/20/17</div>	<div style="margin-left: 40px;">Payee name</div> <div style="margin-left: 40px;">Tarrant County Elections</div>	
<div style="margin-left: 40px;">Amount (\$)</div> <div style="margin-left: 40px;">\$20.00</div>	<div style="margin-left: 40px;">Payee address; City; State; Zip Code</div> <div style="margin-left: 40px;">2700 Premier , Fort Worth TX 76111</div>	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="margin-left: 40px;">Category (See Categories listed at the top of this schedule)</div> <div style="margin-left: 40px;">Printing Expense</div>	<div style="margin-left: 40px;">Description</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="margin-left: 40px;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div>		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7/21		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2/23/17		5 Payee name COSTCO			
6 Amount (\$) \$226.53		7 Payee address; City; State; Zip Code 8900 Tehama Ridge Pkwy Fort Worth, Texas 76177			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/25/17		Payee name Wingstop			
Amount (\$) \$88.16		Payee address; City; State; Zip Code 2723 8th Ave. Fort Worth, Texas 76110			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> 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 2/27/16		Payee name Beacon Street Strategies			
Amount (\$) 300.00		Payee address; City; State; Zip Code PO Box 1811. Fort Worth, Texas 76101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 / 21		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 2/27/17		5 Payee name Home Depot			
6 Amount (\$) \$42.14		7 Payee address; City; State; Zip Code 7950 35 South Freeway. Fort Worth 76134			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/27/17		Payee name Shell Gas Station			
Amount (\$) \$52.14		Payee address; City; State; Zip Code 1908 Yucca Ave. Fort Worth 76111			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/1/17		Payee name All Seasons Tint and Graphic Design			
Amount (\$) \$21.62		Payee address; City; State; Zip Code 6515 Smithfield Rd. North Richland Hills, Texas 76182			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9/21		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 3/1/17		5 Payee name Facebook			
6 Amount (\$) \$10.44		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/2/17		Payee name Kassandra Fernandez			
Amount (\$) \$40.00		Payee address; City; State; Zip Code 6604 Lucilla Ct. Fort Worth, Texas 76134			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel in District/ Gas		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/2/17		Payee name Eunice Bustillos			
Amount (\$) \$20.00		Payee address; City; State; Zip Code 9000 Beacon Court St. Fort Worth, Texas 76140			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Expense/Gas		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="font-size: 1.2em;">10/21</div>	2 FILER NAME Pilar Candia	3 Filer ID (Ethics Commission Filers)
4 Date 3/4/17	5 Payee name El Rancho Supermarket	
6 Amount (\$) \$29.43	7 Payee address; City; State; Zip Code 1212 N. Beach St. Fort Worth, Texas 76111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 3/4/17	Payee name Donut Place	
Amount (\$) \$25.90	Payee address; City; State; Zip Code 7917 E. Belknap St. Fort Worth, Texas 76111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 3/5/17	Payee name Quick Trip	
Amount (\$) \$41.39	Payee address; City; State; Zip Code 101 Everman Pkwy, FW, TX 76108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Expense/ Gas	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="font-size: 1.5em; margin-left: 40px;">11 / 21</div>	2 FILER NAME <div style="margin-left: 40px;">Pilar Candia</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="margin-left: 40px;">3/6/17</div>	5 Payee name <div style="margin-left: 40px;">Beacon Street Strategies</div>	
6 Amount (\$) <div style="margin-left: 40px;">\$300.00</div>	7 Payee address; City; State; Zip Code <div style="margin-left: 40px;">PO BOX 1811, Fort Worth, TX 76101</div>	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Contract Labor</div>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
Date <div style="margin-left: 40px;">3/7/17</div>	Payee name <div style="margin-left: 40px;">Print Place</div>	
Amount (\$) <div style="margin-left: 40px;">184.98</div>	Payee address; City; State; Zip Code <div style="margin-left: 40px;">1130 Ave H East Arlington TX 76011</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Printing Expense</div>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		
Date <div style="margin-left: 40px;">3/8/17</div>	Payee name <div style="margin-left: 40px;">Ernestos Taqueria</div>	
Amount (\$) <div style="margin-left: 40px;">\$30.55</div>	Payee address; City; State; Zip Code <div style="margin-left: 40px;">4050 Hemphill St. Fort Worth, Texas 76110</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Food Expense</div>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12/21		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 3/10/17		5 Payee name Shell Gas Station			
6 Amount (\$) \$48.77		7 Payee address; City; State; Zip Code 1908 Yucca Ave. Fort Worth 76111			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Expense/ Gas		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/11/17		Payee name Dreaming the cure			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 2805 Weber St. Fort Worth, Texas 76106			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/11/17		Payee name Carmen Williams			
Amount (\$) 30.00		Payee address; City; State; Zip Code 655 May St. Fort Worth, Texas 76104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="font-size: 1.5em; margin-left: 40px;">13 / 22</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Pilar Candia</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">3/13/17</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">Beacon Street Strategies</div>	
6 Amount (\$) <div style="font-size: 1.2em;">300.00</div>	7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1908 Yucca Ave. Fort Worth 76111</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Contract Labor</div>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="font-size: 1.2em;">Date</div> <div style="font-size: 1.2em;">3/14/17</div>	<div style="font-size: 1.2em;">Payee name</div> <div style="text-align: center; font-size: 1.2em;">Stonewall Democrats</div>	
<div style="font-size: 1.2em;">Amount (\$)</div>	<div style="font-size: 1.2em;">Payee address; City; State; Zip Code</div>	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="font-size: 1.2em;">Category (See Categories listed at the top of this schedule)</div> <div style="text-align: center; font-size: 1.2em;">Contribution</div>	<div style="font-size: 1.2em;">Description</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="font-size: 1.2em;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div>		
<div style="font-size: 1.2em;">Date</div> <div style="font-size: 1.2em;">3/18/17</div>	<div style="font-size: 1.2em;">Payee name</div> <div style="text-align: center; font-size: 1.2em;">Guanajuato Bakery</div>	
<div style="font-size: 1.2em;">Amount (\$)</div> <div style="font-size: 1.2em;">\$15.60</div>	<div style="font-size: 1.2em;">Payee address; City; State; Zip Code</div> <div style="text-align: center; font-size: 1.2em;">3301 E. Belknap St. Fort Worth, Texas 76111</div>	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="font-size: 1.2em;">Category (See Categories listed at the top of this schedule)</div> <div style="text-align: center; font-size: 1.2em;">Food Expense</div>	<div style="font-size: 1.2em;">Description</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="font-size: 1.2em;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div>		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="font-size: 1.5em; margin-left: 20px;">14 / 21</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Pilar Candia</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">3/18/17</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">Cesar Chavez Committee</div>	
6 Amount (\$) <div style="font-size: 1.2em;">\$125.00</div>	7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">2203 W. Greenspoint Ct. Arlington, Texas 76001</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Donation</div>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="font-size: 0.8em;">Date</div> <div style="font-size: 1.2em;">3/18/17</div>	<div style="font-size: 0.8em;">Payee name</div> <div style="text-align: center; font-size: 1.2em;">Quick Trip</div>	
<div style="font-size: 0.8em;">Amount (\$)</div> <div style="font-size: 1.2em;">\$34.51</div>	<div style="font-size: 0.8em;">Payee address; City; State; Zip Code</div> <div style="text-align: center; font-size: 1.2em;">1101 Hemphill Fort Worth, TX 76104</div>	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="font-size: 0.8em;">Category (See Categories listed at the top of this schedule)</div> <div style="text-align: center; font-size: 1.2em;">Travel Expense/ Gas</div>	<div style="font-size: 0.8em;">Description</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="font-size: 0.8em;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div>		
<div style="font-size: 0.8em;">Date</div> <div style="font-size: 1.2em;">3/19/17</div>	<div style="font-size: 0.8em;">Payee name</div> <div style="text-align: center; font-size: 1.2em;">Quick Trip</div>	
<div style="font-size: 0.8em;">Amount (\$)</div> <div style="font-size: 1.2em;">\$51.49</div>	<div style="font-size: 0.8em;">Payee address; City; State; Zip Code</div> <div style="text-align: center; font-size: 1.2em;">1101 Hemphill Fort Worth, TX 76104</div>	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="font-size: 0.8em;">Category (See Categories listed at the top of this schedule)</div> <div style="text-align: center; font-size: 1.2em;">Travel Expense/ Gas</div>	<div style="font-size: 0.8em;">Description</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="font-size: 0.8em;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div>		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15/21		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 3/21/17		5 Payee name All Season Tint and Graphic Design			
6 Amount (\$) \$270.35		7 Payee address; City; State; Zip Code 6515 Smithfield Rd. North Richland Hills, Texas 76182			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/20/17		Payee name Torchys Tacos			
Amount (\$) \$102.75		Payee address; City; State; Zip Code 928 Northon St. Fort Worth, Texas 76104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/22/17		Payee name Beacon Street Strategies			
Amount (\$) \$300.00		Payee address; City; State; Zip Code PO BOX 1811, Fort Worth, TX 76101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16/21		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 3/24/17		5 Payee name USPS			
6 Amount (\$) \$19.60		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/24/17		Payee name Quick Trip			
Amount (\$) \$43.55		Payee address; City; State; Zip Code 1101 Hemphill St. Fort Worth, Texas 76101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Expense/ Gas		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/24/17		Payee name Amazon			
Amount (\$) \$35.12		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="font-size: 1.5em; margin-left: 40px;">17 / 21</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Pilar Candia</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">3/27/17</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">Kroger</div>	
6 Amount (\$) <div style="font-size: 1.2em;">\$79.59</div>	7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">3120 S. University. Fort Worth, Texas 76109</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Food/ Beverage Expense</div>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="font-size: 0.8em;">Date</div> <div style="font-size: 1.2em;">3/29/17</div>	<div style="font-size: 0.8em;">Payee name</div> <div style="text-align: center; font-size: 1.2em;">Beacon Street Strategies</div>	
<div style="font-size: 0.8em;">Amount (\$)</div>	<div style="font-size: 0.8em;">Payee address; City; State; Zip Code</div> <div style="text-align: center; font-size: 1.2em;">PO BOX 1811, Fort Worth, TX 76101</div>	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="font-size: 0.8em;">Category (See Categories listed at the top of this schedule)</div> <div style="text-align: center; font-size: 1.2em;">Contract</div>	<div style="font-size: 0.8em;">Description</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="font-size: 0.8em;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div>		
<div style="font-size: 0.8em;">Date</div> <div style="font-size: 1.2em;">3/28/17</div>	<div style="font-size: 0.8em;">Payee name</div> <div style="text-align: center; font-size: 1.2em;">Home Depot</div>	
<div style="font-size: 0.8em;">Amount (\$)</div> <div style="font-size: 1.2em;">\$10.79</div>	<div style="font-size: 0.8em;">Payee address; City; State; Zip Code</div> <div style="text-align: center; font-size: 1.2em;">7950 I35 South Freeway. Fort Worth, Texas 76134</div>	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="font-size: 0.8em;">Category (See Categories listed at the top of this schedule)</div> <div style="text-align: center; font-size: 1.2em;">Advertising Expense</div>	<div style="font-size: 0.8em;">Description</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="font-size: 0.8em;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div>		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>18/21</u>		2 FILER NAME <div style="text-align: center;">Pilar Candia</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: center;">3/29/17</div>		5 Payee name <div style="text-align: center;">Esperanza Huitron</div>			
6 Amount (\$) <div style="text-align: center;">\$100.00</div>		7 Payee address; City; State; Zip Code <div style="text-align: center;">3516 S. Jones St. Fort Worth, Texas 76104</div>			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Contract Labor</div>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <div style="text-align: center;">3/29/17</div>		Candidate / Officeholder name <div style="text-align: center;">USPS</div>			
Amount (\$) <div style="text-align: center;">\$466.66</div>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Printing Expense</div>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <div style="text-align: center;">3/30/17</div>		Candidate / Officeholder name <div style="text-align: center;">Payless Gas Station</div>			
Amount (\$) <div style="text-align: center;">\$35.00</div>		Payee address; City; State; Zip Code <div style="text-align: center;">3101 Airport Freeway. Fort Worth, Texas 76111</div>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Travel Expense/ Gas</div>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14/21		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/17		5 Payee name Dutchs			
6 Amount (\$) \$60.61		7 Payee address; City; State; Zip Code 3009 S. University Dr. Fort Worth, Texas 76109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/31/17		Payee name Target			
Amount (\$) \$86.59		Payee address; City; State; Zip Code 301 Carroll St. Fort Worth, Texas 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation: Bicycle		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4/1/17		Payee name Facebook			
Amount (\$) \$15.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20/21		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 4/1/17		5 Payee name Donut Place			
6 Amount (\$) \$25.10		7 Payee address; City; State; Zip Code 7917 E. Belknap Fort Worth, Texas 76111			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/1/17		Payee name Walgreens			
Amount (\$) \$11.98		Payee address; City; State; Zip Code 3809 E. Belknap St. Fort Worth 76111			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4/1/17		Payee name Dominos Pizza			
Amount (\$) \$69.98		Payee address; City; State; Zip Code 900 Henderson St. Fort Worth, Texas 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21/21		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 4/3/17		5 Payee name Beacon Street Strategies			
6 Amount (\$) 300.00		7 Payee address; City; State; Zip Code PO BOX 1811, Fort Worth, TX 76101			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/3/17		Payee name Anedot			
Amount (\$) \$215.35		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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