CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 50
3 CANDIDATE / OFFICEHOLDER NAME	Mrs. Pilar	MI	OFFICE USE ONLY
INAIVIE	85 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		Date Received
	Candia	SUFFIX	d by
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	RECEIVED APR 06 2017
Change of Address	T.O, DOX TOTE TI. VYOIL	.n rexas /orri	R 3
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Board of Education 9% Date Pland delivered 9 Date Postmarked
PHONE	(682) 239-1366		4-6-17
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Belinda	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed 4-6-17
	Norris		Date Imaged 4-6-17
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		ZIP CODE
(Residence or Business)	2405 Bird Street, Fort Wo	rth Tx 76111	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 437-2904	EXTENSION	
9 REPORT TYPE	July 15 July 15 Sth day before elections and a second se		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elect	etion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Feb 01 /17	THROUGH April	Day Year 17
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary May 06 17 Seneral	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		FWISD Trustee	District 9
	go то г	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			5 Filer ID (Ethics Commission Filers)			
	Pilar Candia	A .				
16 NOTICE FROM POLITICAL COMMITTEE(S)	ICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE SYPERITITIES MAY HAVE BEEN MADE MY POLITICAL COMMITTEES TO					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1 _a TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	N ED \$ N/A			
	2. TOTAL (OTHER	\$ 23,404.00				
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF UNLESS ITEMIZED		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ N/A			
	4. TOTAL POLITICAL EXPENDITURES \$ 11,112					
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DESTINATIONS PERIOD	\$ 12,292.00			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI Y OF THE REPORTING PERIOD	S N/A			
18 AFFIDAVIT						
			orjury, that the accompanying report is mation required to be reported by me			
MY CO	AURA LITTON OMMISSION EXPIRES UNE 23, 2020 ARY ID: 124966812	Signature of Canal	idate or Officeholder			
		D	217			
Sworn to and subscr	ibed before me, b	y the said Pilar Candia	, this the			
day of April	, 20 <u>/7</u> , t	o certify which, witness my hand and seal of office.				
Leura J	xtion	haura hitton	Board Asst.			
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	Pilar Candia		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
a.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 23404.00
2,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	TIONS	\$ 1138.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4:	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITIC	\$ 11,112.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	ITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	\$	
10≈	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	\$	
114	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITI	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CON RETURNED TO FILER	TRIBUTIONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) Pilar Candia 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Jorge Baldor 2/25/17 6 Contributor address: City; State; 5000.00 Zip Code 1999 Mckinney **Dallas Texas** Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Robert McLean 2/20/17 Contributor address; 1000.00 City; State; Zip Code 226 Bailey Ave Fort Worth Tx 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Fran McCarthy 2/28/17 Contributor address; City; State; Zip Code 250.00 1208 Magnolia Fort Worth, Tx 76104 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Lilian Pinkus 2/16/17 Contributor address; City; State; Zip Code 500.00 7040 Teak Drive Dallas Tx 75240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Thanks F.G

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2/24 2 FILER NAME (Ethics Commission Filers) Pilar Candia Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:_ Sandra Breux 100.00 6 Contributor address; City; State; Zip Code 2/16/17 4751 West Creek Drive Fort Worth Texas 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Lynn Johnson 2/01/17 Contributor address; 25.00 City; State; Zip Code 1968 Lipscomb Fort Worth Tx 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-slate PAC (ID#:_ Amount of contribution (\$) Mike Martinez 2/20/17 250.00 Contributor address: City; State; Zip Code P.O Box 101372 Fort Worth Tx 76185 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Salvador Espino 2/1/17 200.00 Contributor address; City; State; Zip Code 1205 N. Main St. Fort Worth Tx 76164 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2	FILER NAME Pila	ar Candia		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-stale PAC (I	D#:)	7 Amount of contribution (\$)
	2/20/17	Douglas Cooper 6 Contributor address; City; State;	Zip Code	100.00
		2600 W. 7th Fort Worth Tx	76107	
8		pation / Job title (See Instructions) ngineer	Employer (See Instructi	ions)
	Date	Full name of contributor	D#:	Amount of contribution (\$)
	2/20/17	Carla Bustillos Contributor address; City; State; 9004 Beacon Court Fort Worth Tex		20.00
	Principal occup	ation / Job title (See Instructions) Self Employed	Employer (See Instruction	ons)
	Date	Full name of contributor out-of-state PAC (III	0#:	Amount of contribution (\$)
	2/20/17	Elizabeth Beck Contributor address; City; State; 2717 Ryan Ave Fort Worth, T		50.00
	Principal occup Attorne	ation / Job title (See Instructions) y	Employer (See Instruction	ons)
	Date	Full name of contributor	·#:)	Amount of contribution (\$)
	2/20/17	Valerie Washington Contributor address; City; State;	Zip Code	50.00
		6102 Portico Drive Fort Worth	Texas 76132	
		ort Worth	Employer (See Instruction	ons)

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SCHEDULE A1

		4.10		
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2	FILER NAME Pilar C	Candia		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor oul-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	3/4/17	Ramon Romero 6 Contributor address; City; State	; Zip Code	1000.00
		3220 View st Fort Worth Te	exas 76103	
8	Principal occu Self Em	pation / Job title (See Instructions) ployed	9 Employer (See Instruc	tions)
	Date		C (ID#:)	Amount of contribution (\$)
	2/20/17	Heriberto Salinas Contributor address; City; State	e; Zip Code	350.00
		Cleburne	Texas	
		ation / Job title (See Instructions) Physician	Employer (See Instruct	tions)
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	2/20/17	Allyn Kramer Contributor address; City; State	; Zip Code	500.00
		5928 Twin Cove Dallas Tx 75	248	
		etion / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	2/20/17	Verenice Bustillos Contributor address; City; State	; Zip Code	50.00
		4837 Greenstien Dr. Fort Worth	Tx 76244	
		ation / Job title (See Instructions) Albertsons	Employer (See Instruct	ions)

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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: 5 124 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pilar Candia 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) Jorge Bazan 2/20/17 100.00 6 Contributor address; City; State; Zip Code 3248 W. 7th Fort Worth Texas 76107 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Wendy Ayala 2/20/17 50.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) College Student Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Liz Treviño 250.00 2/20/17 Contributor address; City; State; Zip Code 1301 Throckmorton st Fort Worth Tx 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr. Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Sandra Garza 2/20/17 Contributor address; City; State; Zip Code 25,00 5248 Cameron Creek Fort Worth Texas 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Health American Insurance ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

Revised 9/8/2015

SCHEDULE A1

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 6 / 2 以					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state_PAC	(ID#:)	7 Amount of contribution (\$)			
2/20/17	Marie Cooper 6 Contributor address; City; State		25.00			
	2604 5th Ave Fort Worth Tex	as 76110				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
F	-WISD					
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
2/20/17	Ty Williams Contributor address; City; State	; Zip Code	150.00			
	662 May St Fort Worth Te	xas 76104				
Principal occupation / Job title (See Instructions) Employer (See Instruc		tions)				
Real Estate broker						
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)			
2/20/17	Angelica Ortiz Contributor address; City; State	; Zip Code	20.00			
	1825 Gould st Fort Worth Te	exas 76164				
Principal occup	I pation / Job title (See Instructions)	Employer (See Instruc	tions)			
F	WISD					
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
2/20/17	Channy Salazar Contributor address; City; State	e; Zip Code	20.00			
9125 TRAIL WOOD DR , NORTH RICHLAND HILLS						
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
	Self Employed					
1						

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SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 7/24					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Pilar Candia				
4 Date	5 Full name of contributor out-of-state_PAC	(ID#:)	7 Amount of contribution (\$)		
2/20/17	Osman Abdullahi		20.00		
	6 Contributor address; City; State				
	7405 Avington Way Fort Worth T	exas 76134			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
St	udent		,		
Date	Full name of contributor Out-of-state PAC	: (ID#:)	American of a subtilibration (fb)		
2/20/17	Esperanza Huitron		Amount of contribution (\$)		
2/20/17		; Zip Code	80.00		
	3516 S. Jones Fort Worth Te	· '			
		xas /0110			
	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Ho	me Maker				
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)		
2/20/17	Florence Bruner		20.00		
	Contributor address; City; State	; Zip Code			
	4900 N.E 28th St Fort Worth	·			
Data di a di a a a a a	ation (lab title (O l				
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Self Employed				
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)		
2/20/17	Jeff Whitefield		20.00		
		; Zip Code			
	2020 Glenco Ter. Fort Worth	Texas 76110			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Attorney		·		
			The state of the s		
	Till the state of				
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED		

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

SCHEDULE A1

	The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		Pilar Candia		
4	Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	2/20/17		e; Zip Code	20.00
		2733 Yucca ave Fort Worth	Texas 76111	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
		TCU Student		
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	2/20/17	Frank Fierro Contributor address; City; Stat	e; Zip Code	20.00
		2408 Dancy Fort Worth Te.	xas 76131	
_	Principal occupation / Job title (See Instructions) Employer (See Instruc			tions)
	Me	dia Constultant		
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	2/20/17	Rosie Medina Contributor address; City; State	e; Zip Code	20.00
		8017 Treeleaf Fort Worth	Texas 76123	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
		FWISD		
	Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	2/20/17	Kirk Ninemier Contributor address; City; Stat	e; Zip Code	10.00
		12216 Worchister drive Crowley	Texas 76036	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
FWISD				

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 124 (Ethics Commission Filers) 2 FILER NAME Pilar Candia 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 80.00 2/20/17 Charles Bradey 6 Contributor address; City; State; Zip Code Fort Worth Tx 76102 100 Throckmorton Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 100.00 2/20/17 Ruben Garcia Contributor address; City; State; Zip Code 900 Boxcar Fort Worth Texas 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Constable Full name of contributor out-of-state PAC (ID#:___ Date Amount of contribution (\$) Esmeralda Orozco 2/20/17 20.00 Contributor address; City; State; Zip Code Fort Worth Texas 76177 10105 Ash Creek lane Employer (See Instructions) Principal occupation / Job title (See Instructions) Teacher Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ Glenn Lewis 250.00 2/20/17 City; State; Zip Code Contributor address: 5600 Rock Hill Drive Fort Worth Texas 76112 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Pilar Candia					
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)			
2/20/17	Cecilia Saenz		50.00			
	6 Contributor address; City; State	e; Zip Code				
	1869 Grand Ave Fort Wort	n Texas 76164				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
Pai	alegal					
Date	Full name of contributor	C (ID#;)	Amount of contribution (\$)			
2/20/17	Lynn Johnson		2/25/17			
	Contributor address; City; State	e; Zip Code				
	1968 Lipscomb ave Fort Worth	n Texas 76110				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
	Retired					
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
2/20/17	Celia Garza		25.00			
2/20/17	이 이 이 이 그 그의 없는 그 이 저 이 것 같아. 반 경기하는만 제 회 회 회 회 회 회 중 중	e; Zip Code	25.00			
	701 E. Love Fort Worth Te	xas 76102				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
State	Rep District Director					
Date	Full name of contributor	2.4154.	Amount of contribution (#)			
2/20/17	Steven Meeks	C (ID#:)	Amount of contribution (\$) 500.00			
2/20/17		e; Zip Code	300.00			
	,	exas 76022				
	TIZO TIIGGOT GARS BEGIOTA I	CX43 7 0022				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Attorr	ney					

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SCHEDULE A1

The	Instruction Guide explains how	1 Total pages Schedule A1:		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	Pilar Candia			
4 Date	5 Full name of contributor	oul-of-slate PA	C (ID#:)	7 Amount of contribution (\$)
2/20/17	Pat Richardson			
	6 Contributor address;	City; State		
	1600 Texas Street	Fort Worth Te	exas 76102	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	
Re	tired			
Date	Full name of contributor	oul-of-state PAG	C (ID#:)	Amount of contribution (\$)
2/20/17	Gwinda Burns			(4)
	Contributor address;	City; State	e; Zìp Code	250.00
	P.O. Box 8704	Fort Worth To	exas 76124	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Attorney			
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
2/20/17	Lisa Espitia			25.00
	Contributor address;	City; State	e; Zip Code	
	4413 Byrd st	Fort Worth Te	xas 76114	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	FWISD			
Date	Full name of contributor	Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
2/20/17	Greg Hughes		, , , , , , , , , , , , , , , , , , , ,	
2120111	Contributor address;	City; State	e; Zip Code	100.00
	3408 View St	Fort Worth 1	Texas 76103	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)
	Lockheed Martin			

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SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Pilar Candia			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
2/20/17	Alfred Saenz 6 Contributor address; 407 Throckmorton st	City; State	r; Zip Code n Texas 76102	500.00
O Dringing Long I		1 011 11011		tions)
	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
3	elf employed			
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
2/20/17	Luz Verduzco		a a le mang was i g s	25.00
	Contributor address;	City; State	e; Zip Code	2.57.00
	824 Dawn Light	Fort Worth 1	Texas 76001	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
	Student			
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
2/20/17	Michael Crane			100.00
	Contributor address;	City; State	; Zip Code	
	4450 Oakpark lane	Fort	Worth Texas 76109	
Principal occup	pation / Job title (See Instructions) Realtor		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
2/20/17	Heather Bright Contributor address;	City; State	e; Zip Code	50.00
	1040 Choke Cherry	Crowley	Tx 76036	
Principal occupation / Job title (See Instructions) Self Employed Employer (See Instructions)				

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 13/24 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pilar Candia 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 2/20/17 Jeff Whitfield 250.00 City; State; Zip Code 6 Contributor address; 2020 Glenco Terrace Fort Worth Texas 76110 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Mario Perez 2/20/17 100.00 Contributor address: City; State; Zip Code 2744 5th St Fort Worth Texas 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Hector Carrillo 2/24/17 500.00 Contributor address; City; State; Zip Code 7040 N. Sylvania Fort Worth Texas 76111 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self employed Date Full name of contributor out-of-state PAC (ID#;___ Amount of contribution (\$) 3/4/17 200.00 Rob Schliser Contributor address; City; State; Zip Code 12 Wynfall Ave Maryland Crisfield 21817 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

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

SCHEDULE A1

The	Instruction Guide explains how t	1 Total pages Schedule A1:			
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
Pilar Ca	ndia				
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)	
3/8/17	Emmad Salem			25.00	
	6 Contributor address;	City; State	; Zip Code		
	806 Parkhill drive	Euless Texa	s 76040		
8 Principal occup	pation / Job title (See Instructions)	1	9 Employer (See Instruct	tions)	
	Realtor				
Ties	anoi				
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
3/8/17	Brianne Hudson			250.00	
	Contributor address;	City; State	e; Zip Code		
	4915 Paseo del norte ne	Albuque	erque NM 87113		
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	iions)	
TGI	NW Agency				
D	Full representations and the state of				
Date		oul-of-state PAC	C (ID#:)	Amount of contribution (\$)	
3/12/17	Salman Bhojani				
	Contributor address;	City; State	; Zip Code		
	1010 Los valley drive	Euloss To	xas 76039	250.00	
Principal occup	pation / Job title (See Instructions)	Euless le	Employer (See Instruction		
	ani and Nelson P LLC				
Brioj	ani ana Neison i EEO				
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
3/14/17	Krystal Falkner				
	Contributor address;		e; Zip Code	100.00	
Dringing Lagran		Grapevine Tex		tion o	
	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Se	If Employed				
	ATTACH ADDITIC	NAL COPIES C	F THIS SCHEDULE AS N	EEDED	

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 124 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pilar Candia 4 Date 5 Full name of contributor oul-of-state PAC (ID#:_ 7 Amount of contribution (\$) 3/14/17 Billy Williams 300.00 6 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) City of Fort Worth Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) 3/15/17 James Rosenthal 50.00 Contributor address; City; State; Zip Code 3952 Thisle Lane Fort Worth Texas 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self employed Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 2/20/17 Cindy James 50.00 Contributor address; City; State; Zip Code 5816 Wedgeworth Fort Worth Texas 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Greater Fort Worth Association of Realtors 3/16/17 3000.00 Contributor address; City; State; Zip Code

Fort Worth Texas 76102

Employer (See Instructions)

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

2650 Parkview dr

Principal occupation / Job title (See Instructions)

PAC

SCHEDULE A1

The	Instruction Guide explains how to complet	1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Р	lar Candia				
4 Date	5 Full name of contributor out-of-sta	ale PAC (ID#:)	7 Amount of contribution (\$)		
3/16/17	James Bair				
	6 Contributor address; City;	State; Zip Code	100.00		
	2002 Lipscomb st Fort Wo	orth Texas 76110			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)		
Retire	d		r.		
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)		
3/17/17	Elizabeth Beck	,	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code	50.00		
	DO Doy 274	la Taura 20404			
Principal occup	P.O Box 374 Fort Wort	th Texas 76101 Employer (See Instruc	etions)		
Attorney	(200 1100 100 100 100 100 100 100 100 100	2			
Attorney					
Date	Full name of contributor	ale PAC (ID#:)	Amount of contribution (\$)		
3/16/17	Carolyn Warren		50.00		
	Contributor address; City;	State; Zip Code			
	628 Saddle Ridge Trail Fort V	Worth Texas 76087			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	etions)		
Retired					
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)		
3/19/17	Eva Bonilla		100.00		
	Contributor address; City;	State; Zip Code	,001.00		
	362 Foch St Fort W	Vorth Texas 76107			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	etions)		
Retired					

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

SCHEDULE A1

The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Pilar Candia		,
4 Date	5 Full name of contributor Dout-of-state PA	C (ID#)	7 Amount of contribution (\$)
3/31/17	Lisa Woodard		· Amount of contribution (\$)
0.01717			
	6 Contributor address; City; State	e; Zip Code	100.00
	5633 Grenada Fort Worth	Texas 76119	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Ju	stice of the Peace		
Date	Full name of contributor		
Date	out of state 1 A	C (ID#:)	Amount of contribution (\$)
3/23/17	Armando Flores		300.00
	Contributor address; City; State		
	74600 16		
Principal coour	1411 N. Main Street Fort Wort	h Texas 76164	
Timelpar occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Attorney	L	
Date	Full name of contributor out-of-state_PAG	C (ID#:)	Amount of contribution (\$)
3/6/17	Rosa Navejar		
0/0/1/		e; Zip Code	200.00
	, , , , , , , , , , , , , , , , , , , ,	·	
	2701 Calder court Fort Worth T	exas /610/	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Retire	ed .		
Data		-	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
3/617	Annet Soto		50.00
	Contributor address; City; State	; Zip Code	50.00
	4749 Bracken drive Fort Worth Texa	as 76137	
Delegation			
	pation / Job title (See Instructions)	Employer (See Instructi	ons)
US Depa	rtment of Transportation		
			1

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SCHEDULE A1

The	Instruction Guide explains how to	o complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	Pilar Candia			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
3/16/17	Marc Charles Palmer		21 43	
0,10,1,	6 Contributor address;	City; State	e; Zip Code	10.00
	1720 Washington Ave	Fort Wor	th Texas 76110	
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Retired				
Date		out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	David Salgado	238000000	** * * * * * * * * * * * * * * * * * *	
3/2/17	Contributor address;	City; State	e; Zip Code	200.00
	4312 Ashmore Drive	NRH T	exas 76180	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Self E	Employed			
Date	Full name of contributor [out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/21/17	Massey Villareal Contributor address; City; State; Zip Code			250.00
	4515 Riley way lane Sugarland Texas 77479			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
PTG				
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/22/17	Corey Fickes	0 0 0 0 0 0004535	seeer vo saga	50.00
	Contributor address;	City; State	; Zip Code	30.03
	3128 Wild Plumb Fo	ort Worth Texa	ıs 76109	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Attorney				
	ATTACH ADDITION	VAL COPIES OF	F THIS SCHEDULE AS NE	FDFD

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

SCHEDULE A1

The	The Instruction Guide explains how to complete this form.				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Pilar Candia				
4 Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)		
3/22/17	Chad Clawson 6 Contributor address; City; St	ate; Zip Code	155.00		
	517 Hardwood rd Bedford	Texas 76021			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Chiropracter				
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)		
3/22/17	Jordan Jauger Contributor address; City; Si	ate; Zip Code			
	4300 Dunlavy st Houstor	n Texas 77006	50.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct			
Realtor					
Date	Full name of contributor	PAC (ID#:)	Amount of academic (d)		
		1110 (1011)	Amount of contribution (\$)		
3/22/17	Cindy Crane		150.00		
	Contributor address; City; St	ate; Zip Code			
	284 Gail drive Weatherfo	rd Texas 76085			
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	tions)		
Met	ro Dallas Homeless Alliance				
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)		
3/22/17	3/22/17 Jose Juarez 100.00 Contributor address; City; State; Zip Code				
505 Christy Court Fort Worth Texas 76140					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Realtor					

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 20/24 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pilar Candia 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) 3/22/17 Joshua Barvin 100.00 6 Contributor address; City; State; Zip Code 6202 New Castle Street Belaire Texas 77401 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Employed Full name of contributor ____ out-of-state_PAC (ID#:__ Date Amount of contribution (\$) 3/22/17 Jose Chavez 50.00 Contributor address; City; State; Zip Code 8104 Marie lane Fort Worth Texas 76123 Principal occupation / Job title (See Instructions) Employer (See Instructions) **USPS** Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) 3/22/17 Jorge Molina 110.00 City; State; Zip Code Contributor address; 2602 Hollywood Drive Arlington Texas 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ 3/22/17 Cindy Moskowidz 255.00 Contributor address; City; State; Zip Code Dallas Texas 75248 5915 Warm Mist Lane Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Pilar Candia				
4 Date	5 Full name of contributor out-of-state_PAC	(ID#:	7 Amount of contribution (\$)		
3/23/17	Kendra Schalk				
	6 Contributor address; City; State;	Zip Code			
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	2508 Westbrook Ave Fort Worth Tex	(as 76111	100.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)		
Signe	t Jewlers				
Date	Full name of contributor Qut-of-state PAC	(ID#:)			
3/24/17	David Lopez	NY5.80	Amount of contribution (\$)		
5/24/17	ବାଳା ପ୍ରତ୍ୟ କଳା ବ୍ୟବର ବ୍ୟକ୍ତ ହେଉଛି । ଜଣ ଅନ୍ତ୍ର୍ୟ କଳା ଜଣ ଅନ୍ତ୍ର୍ୟ କଳା ଜଣ ଅନ୍ତ୍ର୍ୟ କଳା ଜଣ ଅନ୍ତ୍ର୍ୟ କଳା କଳା ହେଉଛି		100.00		
	Contributor address; City; State;	Zip Code			
	7 Chelsea Drive Fort Worth Tex	(as 76134			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Realtor				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
3/24/17	Gerardo Juarez Contributor address; City; State;	Zip Code	50.00		
	731 Alston Houston Texas	77007			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
HP		, , ,			
	- Lander - L	T T			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
3/27/17		Zip Code	250.00		
	4200 South Freeway Fort Worth Te	eyas 76115			
		CX43 70115			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Self Employed					
	ATTACH ADDITIONAL CODIES OF	THIS COLLEDING E AS NO	EDED.		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru				

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Pilar Candia	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state_PAC (ID#:	7 Amount of contribution (\$)
3/29/17	Brian Colon 6 Contributor address; City; State; Zip Code	100.00
	1101 Diamond Back Drive Albuquerque NM 87113	
	pation / Job title (See Instructions) 9 Employer orney	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
3/29/17	Manuel Rajunov Contributor address; City; State; Zip Code	100.00
	1250 Wildfire lane Frisco Texas 75033	
		See Instructions)
Attorne	у	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/29/17	John Lahoff Contributor address; City; State; Zip Code	100.00
54	5659 Jefferson Albuquerque NM 87109	
Principal occup	eation / Job title (See Instructions) Employer ((See Instructions)
Southwes	t Labs	
Date	Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$)
3/29/17	Michell Meiches Contributor address; City; State; Zip Code	500.00
	4315 Bryn mawr Dallas Texas 75225	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)
Retire	ed	

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SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedu 23/2 U				
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	Pilar Candia			
4 Date	5 Full name of contributor	oul-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
3/30/17	3/30/17 Ashanti Gholar 6 Contributor address; City; State; Zip Code			25.00
	P.O. Box 11335	Alexandria V	A 22312	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Eı	merge America			
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/30/17	Jarred Beck Contributor address;		e; Zip Code	100.00
	6231 Azalea lane	Dallas Te	xas 75230	
	eation / Job title (See Instructions)	Banas 18	Employer (See Instruction	tions)
	United Texas Bank			
Date	Full name of contributor	oul-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/31/17	3/31/17 Aracely Chavez Contributor address; City; State; Zip Code			
	6920 Wicks Trail	Fort Worth	Texas 76133	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	
	FWISD			
Date	Full name of contributor	out-of-state PAC	G (ID#:)	Amount of contribution (\$)
3/31/17	3/31/17 Marcel Leblanc Contributor address; City; State; Zip Code		; Zip Code	300.00
2917 Morton Street Fort Worth Texas 76107				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)
Self Employed				

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SCHEDULE A1

The Instruction	The Instruction Guide explains how to complete this form.				
2 FILER NAME Pilar Cal	ndia			3 Filer ID (Ethics Commission Filers)	
	ame of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
5 5 5 5 1	om Louden ibutor address;	City; State	e; Zip Code		
	O W. 7th	Fort Worth Te		1000.00	
8 Principal occupation / Jo			9 Employer (See Instruc	tions)	
	ame of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
3.23, 17	harles Brady ibutor address;	City; State	e; Zip Code	250.00	
1919 Alle	n Adel Rd	Arlington Te	exas76013		
Principal occupation / Job Attorney	title (See Instructions)	н	Employer (See Instruct	tions)	
Date Full na	ame of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
OILIII Ja a a a a	Jason Smith Contributor address; City; State; Zip Code			100.00	
	600 8th Ave	Fort Wort	h Tx 76104		
Principal occupation / Job	title (See Instructions)		Employer (See Instruct	ions)	
Attorney					
Date Full na	ame of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
Contributor address; City; State; Zip Code					
Principal occupation / Job	title (See Instructions)		Employer (See Instructi	ions)	
	ATTA QUI ADDITIO				

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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 pa	ges Schedule A2: 1 oT 2		
2 FILER NAME	3 Filer ID	(Ethics Commission Filers)		
Pilar Candia				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	UTIONS \$	0.00		
5 Date 6 Full name of contributor ☐ out-of-state PAC (ID#:	10000	t of 9 In-kind contribution description Office Lease		
2/1/17 650 May St Fort Worth Texas 76	04 Check i	travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NO	N-JUDICIAL)(See Instructions)		
Real Estate	Self employed			
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title	e (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contribu	itor'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 Contributor	Contrik	nt of In-kind contribution oution \$ description		
	Check il	Check if travel outside of Texas, Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NC	N-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title	e (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contribu	rm 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				

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

Th	e Instruction Guide explains how to complete this form	n _e	1 Total pages Schedule A2: 2 oF 2		
² FILER NAME Pilar Candia			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 3/20/17	6 Full name of contributor oul-of-state PAC (ID#: Ty Williams 7 Contributor address; City; State; Zip Coc 662 May Street Fort Worth TX 76	8 Amount of Contribution \$ In-kind contribution description 138.00 Advertising Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) Real Estate		er (FOR NON-JUDICIAL)(See Instructions) Self Employed		
12 Contributor's	principal occupation (FOR JUDICIAL)		utor'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 In-kind contribution Contribution \$ description		
	Contributor address City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	V.				
lf	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction				

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: $\frac{1}{2}$	^{2 FILER NAME} Pilar Candia	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name USPS				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$26.00	400 N. Retta St. Fort Worth, TX 7	76111			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
	Advertising Expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
2/1/17	Pilar Candia				
Amount (\$)	Payee address; City; State; Zip Code				
\$242.78	2610 Goldenrod Ave.				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas, Complete Schedule T.			
OF EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Reinbursement				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	OF THE PARTY OF TH				
Date	Payee name				
2/6/17	Roxstar Marketing				
Amount (\$)	Payee address; City; State; Zip Code				
\$800.00	PO BOX 162253, Fort Worth, TX	76161			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Advertising Expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 2/7/17	5 Payee name Print Place			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$115.19	1132 Ave H East Arlington TX 7601	T		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	side of Texas, Complete Schedule T	
PURPOSE OF			TX, officeholder living expense	
EXPENDITURE			1	
	Printing Expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2/10/17	Edwards and Pattersons Signs			
Amount (\$)	Payee address; City; State; Zip Code			
\$2813.73	4733 Don Drive , Dallas TX 75247			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if Austin. TX, officeholder living expense			
	Advertisement Expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2/13/17	Tommys Hamburguers			
Amount (\$)	Payee address; City; State; Zip Code			
\$43.35	2455 Forest Park Blvd. Fort Wo	orth 76110		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)		ide of Texas. Complete Schedule T. TX, officeholder living expense	
	Food/Beverage Expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEL	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B	, and the second	Travel In District Travel Out Of District		
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	T	r complete this form.	3 Filer ID (Ethics Commission Filers)	
3/21	Pilar Candia		The terms comment the services	
4 Date	5 Payee name			
2/13/17	Walmart			
6 Amount (\$)	7 Payee address City; State; Zip Code			
\$43.38	6604 Boulevard 26. Richland Hi	ills, TX 76118		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Check if Iravel outside of Texas, Complete Schedule T.			
EXPENDITURE		Uneck II Ausur	n, TX, officeholder living expense	
	Transportation Expense/Gas			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	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 F	Hills, Texas 76182	2	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel ou	utside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense	
	Advertising Expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	1	Ü		
Date	Payee name			
2/14/17	Print Place			
Amount (\$)	Payee address; City; State; Zip Code			
\$115.19	1131 Ave H East Arlington TX 7	'6011		
Ψ113.10	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Satisfier, (555 Satisfier)		utside of Texas- Complete Schedule T.	
OF			, TX, officeholder living expense	
EXPENDITURE			<u> </u>	
	Printing Expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit 6/6/				
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form	Other (enter a category not issed above)		
1 Total pages Schedule F1:	2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
2/15/17	Edwards and Pattersons Signs) 			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1834.00	4733 Don Drive, Dallas TX 75247				
8	(a) Category (See Categories listed at the lop of this schedule) (b) Description				
PURPOSE	Check if I ravel outside of Texas. Complete Schedule T.				
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense		
EXPENDITORE					
	Advertising Expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2/16/17	All Seasons Tint and Graphic De	sign			
Amount (\$)	Payee address; City; State; Zip Code				
\$96.34	6515 Smithfield Rd. North Rich	land Hills.TX 7	6182		
	Category (See Categories listed at the top of this schedule)	Description			
BUBBOOF	Contrago. A (200 2000)	Check if travel outside of Texas. Complete Schedule T.			
PURPOSE OF	Check if Austin, TX, officeholder living expense				
EXPENDITURE	Officer if Addition 174, Officeriology using expense				
	Advertising Expense				
Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date	Payee name				
Date					
2/16/17	Fort Worth Classics Car Club)			
Amount (\$)	Payee address; City; State; Zip Code				
,					
\$50.00	11 200 Days Vallay Trl. Haglet	TV 76050			
\$50.00	11209 Dove Valley Trl. Haslet				
	Category (See Categories listed at the top of this schedule)	Description	to the of Tenner Control of the College College		
PURPOSE OF			utside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin	n, TX, officeholder living expense		
	Donations made by candidate				
Operation Office in	Donations made by candidate Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/O		Onice sought	- Inde note		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		/ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: $5/21$	2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
2/18/17	Quick Trip			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$35.86	1101 Hemphill Fort Worth, TX 76104			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if Iravel ou	utside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin	TX, officeholder living expense	
	Transportation Expense	L	······································	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2/18/17	Pauls Donuts			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 21.97	1234 Hemphill. Fort Worth, Texas	76104		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Food/Beverage Expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2/18/17	Lisas Chicken			
Amount (\$)	Payee address; City; State; Zip Code			
\$30.36	716 N. Riverside Dr. Fort Worth TX	76111		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel ou	ttside of Texas. Complete Schedule T,	
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense	
	Food/Beverage Expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaring Myanes/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica			
Credit Card Payment	The Instruction Guide explains how to c		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
6/21	Pilar Candia		
4 Date	5 Payee name		
2/19/17	Wingstop		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$33.84	4017 E.Belknap St. Fort Worth	TX 76111	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
	Food/Beverage Expense		
	Candidate / Officeholder name	Office sought Office held	
9 Complete ONLY if direct expenditure to benefit C/OF		Office sought Office field	
Date	Payee name		
2/19/17	Snapchat		
Amount (\$)	Payee address; City; State; Zip Code		
\$5.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
	Advertising Evpense		
Complete ONLY if direct	Advertising Expense Candidate / Officeholder name	Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh			
Date	Payee name		
2/20/17	Tarrant County Elections		
Amount (\$)	Payee address; City; State; Zip Code		
(4)	Supplies the suppl		
\$20.00	2700 Premier , Fort Worth TX 76	3111	
φ20.00			
DURROCE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas- Complete Schedule T-	
PURPOSE OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE		Silver and the silver	
	Printing Expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OI	Н		
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E AS NEEDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	outions/Donations Made By Gift/Awards/Memorials Expense Printing Ex			ense	strict	
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment						
The Instruction Guide explains how to complete this form.						
Total pages Schedule F1;	2 FILER NAME				3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Payee name					
2/23/17		OSTCO				
6 Amount (\$)	7 Payee addres	s; City; State; 2	Zip Code			
\$226.53	8900	Tehama Ridge Pkv	vy Fort W	orth, Texas 761	177	
8 PURPOSE	(a) Category (See	Categories listed at the top of this	schedule)	(b) Description Check il Iravel ou	utside of Texas, Complete	e Schedule T.
OF				Check if Austin	n, TX, officeholder livir	ng expense
EXPENDITURE						
	Fo	od/Beverage Expe	nse			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
Date	Payee name			,		
2/25/17	Wingst	ор				
Amount (\$)	Payee addres		Zip Code			
\$88.16	2723	3 8th Ave. Fort Wor	rth, Texas	76110		
	Category (See	Categories listed at the top of this	schedule)	Description		
PURPOSE				Check if travel out	tside of Texas, Complete	Schedule T.
OF EXPENDITURE				Check if Austin.	, TX, officeholder livin	g expense
	Food/	Beverage Expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
Date	Payee name					
2/27/16	Ве	eacon Street Strate				
Amount (\$)	Payee address	s; City; State; 2	Zip Code			
300.00	PO Box 1811. Fort Worth, Texas 76101					
	Category (See	Categories listed at the top of this	schedule)	Description		
PURPOSE OF					tside of Texas, Complete	
EXPENDITURE			1	Check if Austin,	, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate /	Officeholder name		Office sought		Office held
expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Credil Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not issed above)
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
8/21	Pilar Candia		
4 Date	5 Payee name		
2/27/17	Home Depot		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$42.14	7950 35 South Freeway. Fort Wo	orth 76134	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T _i
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
ZA ZADITORZ			
	Advertising Expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Date	ayee name		
2/27/17	Shell Gas Station		
Amount (\$)	Payee address; City; State; Zip Code		
\$52.14	1908 Yucca Ave. Fort Worth 76111		
ψ02.14	Category (See Categories listed at the top of this schedule)	Description	
DUDBOOF	category (ese outegories is too at the top of this series and)		tside of Texas. Complete Schedule T.
PURPOSE OF			, TX, officeholder living expense
EXPENDITURE			, and an
	Travel Expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Date	Payee name		
0/4/47	All Consons Tint and Consolis Danie	_	
3/1/17	All Seasons Tint and Graphic Desig	n ————————————————————————————————————	
Amount (\$)	Payee address; City; State; Zip Code		
\$21.62	6515 Smithfield Rd. North Richland	Hills, Texas 76	182
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel ou	Iside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Auslin	, TX, officeholder living expense
	Advertising Expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B		Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
3/1/17	Facebook		
6 Amount (\$)	7 Payee address; City; State; Zi	ip Code	
\$10.44			
8	(a) Category (See Calegories listed at the top of this so	, , , ,	
PURPOSE OF			utside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austi	n, TX, officeholder living expense
	Advertising Expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/2/17	Kassandra Fernandez		
Amount (\$)	Payee address; City; State; Zi	p Code	
\$40.00	6604 Lucilla Ct. Fort Worth	h, Texas 76134	
	Category (See Categories listed at the top of this so		
PURPOSE OF			utside of Texas, Complete Schedule T.
EXPENDITURE		Check if Austin	n, TX, officeholder living expense
	Travel in District/ Gas		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/2/17	Eunice Bustillos		
Amount (\$)	Payee address; City; State; Zi	p Code	
\$20.00	9000 Beacon Court St.	Fort Worth, Texas 761	40
	Category (See Categories listed at the top of this so		
PURPOSE		[]	itside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
EXI ENDITORIE			
	Travel Expense/Gas		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officenoider/Politica	Legal Services Salaries/W The Instruction Guide explains how to c	ages/Contract Labor omplete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
3/4/17	El Rancho Supermarket	t		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
\$29.43	1212 N. Beach St. Fort Worth	, Texas 76111		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel ou	ulside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin	i, TX, officeholder living expense	
	Food/Beverage Expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/4/17	Donut Place			
Amount (\$)	Payee address; City; State; Zip Code			
\$25.90	7917 E. Belknap St. Fort Worth	. Texas 76111		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE			side of Texas. Complete Schedule T	
OF		Check if Austin,	TX, officeholder living expense	
EXPENDITURE				
	Food/Beverage Expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
D-1:	Deves years			
Date	Payee name			
3/5/17	Outlete Trip			
Amount (\$)	Quick Trip			
γιποαπτ (φ)	Payee address; City; State; Zip Code			
	- 4			
\$41.39	101 Everman Pkwy, FW, TX 76	108		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel out	side of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense	
	Travel Expense/ Gas			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH		Office sought	Office field	
	ATTACH ADDITIONAL COPIES OF THIS S	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense Prin	ng Expense Travel In District ting Expense Travel Out Of District ries/Wages/Contract Labor Other (enter a category not listed above)
Credil Card Paymenl	The Instruction Guide explains how	(**************************************
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
11/21	Pilar Candia	C FIRST ID (Ethios Colliniasion Filers)
4 Date	5 Payee name	
3/6/17	Beacon Street Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$300.00	PO BOX 1811, Fort Worth, T	
8	(a) Category (See Categories listed at the top of this schedul	()
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Auslin, TX, officeholder living expense
	Contract Labor	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/7/17	Print Place	
Amount (\$)	Payee address; City; State; Zip Coo	de
184.98	1130 Ave H East Arlington TX	
	Category (See Categories listed at the top of this schedule	
PURPOSE OF		Check il travel outside of Texas, Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
	Printing Expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
	,	
3/8/17	Ernestos Taqueria	
Amount (\$)	Payee address; City; State; Zip Coo	le
\$30.55	4050 Hemphill St. Fort Wo	rth, Texas 76110
	Category (See Categories listed at the top of this schedule	
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	Food Expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	Simple of the state of the stat	Office rela
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (only a selection and listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/W	ages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to c	ompiete this form.
1 Total pages Schedule F1: 12/21	2 FILER NAME Pilar Candia	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
3/10/17	Shell Gas Station	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$48.77	1908 Yucca Ave. Fort Worth 7611	1
8	(a) Category (See Categories listed at the lop of this schedule)	(b) Description
PURPOSE		Check if Iravel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
EXI ENDITORE	Travel Expense/ Gas	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held
Date	Payee name	
3/11/17	Dreaming the cure	
Amount (\$)	Payee address; City; State; Zip Code	3 -
\$100.00	2805 Weber St. Fort Worth, Te	xas 76106
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
EXI ENDITORIE		
	Donation	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/11/17	Carmen Williams	
Amount (\$)	Payee address; City; State; Zip Code	
30.00	655 May St. Fort Worth, Texas	76104
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE		
	Food Expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	1	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	,	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Pilar Candia	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
3/13/17	Beacon Street Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
300.00	1908 Yucca Ave. Fort Worth 7	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contract Labor	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/14/17	Stonewall Democrats	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Contribution	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/18/17	Guanajuato Bakery	
Amount (\$)	Payee address; City; State; Zip Code	
\$15.60	3301 E. Belknap St. Fort W	Vorth, Texas 76111
	Category (See Calegories listed at the lop of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	Food Expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/W	xpense Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
14/21	Pilar Candia		
4 Date	5 Payee name		
3/18/17	Cesar Chavez Committee	е	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$125.00	2203 W. Greenspoint Ct. Arlingt	ton, Texas 7600	1
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel out	alside of Texas. Complete Schedule T _s
OF EXPENDITURE		Check if Austin.	n, TX, officeholder living expense
	_		
	Donation		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
experientare to benefit 6/6/	1		
Date	Payee name		
			c
3/18/17	Quick Trip		
Amount (\$)	Payee address; City; State; Zip Code		
\$34.51	1101 Hemphill Fort Worth, TX 76	104	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	l .	Check if travel outs	side of Texas Complete Schedule T.
OF EXPENDITURE	1	Check if Austin,	TX, officeholder living expense
2/4 6/15/70:12	ı		
	Travel Expense/ Gas		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
expenditure to bonont o.c.,			
Date	Payee name		
	() () () () () () () () () ()		
3/19/17	Quick Trip		
Amount (\$)	Payee address; City; State; Zip Code		
\$51.49	1101 Hemphill Fort Worth, TX 7610	04	
φυ1,4σ	Category (See Categories listed at the top of this schedule)		
PURPOSE	Odlegory (Gee Categories listed at the top of this schedule)	Description Check if travel outs	of Town Consists Cohodule T
OF			side of Texas, Complete Schedule T. TX, officeholder living expense
EXPENDITURE	J. Company of the Com	Officer if Austin,	TX, officenoider living expense
- :	Travel Expense/ Gas		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		_	
	ATTACH ADDITIONAL COPIES OF THIS S	3CHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	7 I I I I I I I I I I I I I I I I I I I	ages/Contract Labor	Other (enter a category not listed above)
		omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		/
3/21/17	All Season Tint and Grapl	nic Design	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$270.35	6515 Smithfield Rd. North Richla	and Hills, Texas 7	6182
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outs	side of Texas, Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
EXPENDITORE	A 1 =		
	Advertising Expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/20/17	Torchys Tacos		
Amount (\$)	Payee address; City; State; Zip Code		
\$102.75	928 Northon St. Fort Worth, Tex	(as 76104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		ide of Texas, Complete Schedule T. TX, officeholder living expense
	Food Expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/22/17	Beacon Street Strategies		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	PO BOX 1811, Fort Worth, T.	X 76101	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if Iravel outs	ide of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
LAI ENDITORE			
	Contract		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense al Committee Legal Services The Instruction Guide explain	Polling Expense Printing Expense Salaries/Wages/Contract Labor 15 how to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		io non to complete the long.	2 Filor ID /Ethios Commission Filors)
16/21	Pilar Candia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
3/24/17	USPS		
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	
\$19.60			
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austir	n, TX, officeholder living expense
EXPENDITURE	Office Expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/24/17	Quick Trip		
Amount (\$)	Payee address; City; State; Zi	ip Code	
\$43.55	1101 Hemphill St. Fort	Worth. Texas 76101	
	Category (See Categories listed at the top of this se		
PURPOSE			atside of Texas, Complete Schedule T,
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
	Travel Expense/ Gas		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
,			
Date	Payee name		
3/24/17	Amazon		
Amount (\$)	Payee address; City; State; Zi	p Code	
\$35.12			
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE			tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	, TX, officeholder living expense
	Office 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 NEE	:DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Tilling E.	xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule Ft		3 Filer ID (Ethics Commission Filers)
17/21	Pilar Candia	C THO TO (Editor Continuosion Filoto)
4 Date	5 Payee name	
3/27/17	Kroger	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$79.59	3120 S. University. Fort Worth, Te	exas 76109
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE		
	Food/ Beverage Expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/29/17	Beacon Street Strategie	es estate es
Amount (\$)	Payee address; City; State; Zip Code	
	PO BOX 1811, Fort Worth, T	X 76101
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contract	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/28/17	Home Depot	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.79	7950 I35 South Freeway. Fort V	Worth, Texas 76134
	Category (See Calegories listed at the top of this schedule)	Description
PURPOSE		Check il travel outside of Texas, Complete Schedule T
OF EXPENDITURE		Check if Auslin, TX, officeholder living expense
	Advertising Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category pot listed above)

Credit Card Payment	Legal Services Salaries/N The Instruction Guide explains how to c	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
18/21	Pilar Candia		The TD (Ethics Commission Fliers)
4 Date	5 Payee name		
	Esperanza Hui	tron	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$100.00	3516 S. Jones St. Fort Worth,	Texas 76104	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			itside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
	Contract Labor		
0.0000000000000000000000000000000000000	Contract Labor	<u> </u>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/29/17	USPS		
Amount (\$)	Payee address; City; State; Zip Code		
\$466.66			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outs	side of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin,	TX. officeholder living expense
	Printing Expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Date	Payee name		
3/30/17	Payless Gas Station		
Amount (\$)	Payee address; City; State; Zip Code		
\$35.00	3101 Airport Freeway. Fort Wo	orth, Texas 7611	1
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outs	side of Texas_Complete Schedule T.
EXPENDITURE		Check if Austin,	TX, officeholder living expense
	Travel Expense/ Gas		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		-	
	ATTAON ADDITIONAL CODITO OF THE	SOURDIN S. S. S.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printing	Expense Travel In District g Expense Travel Out Of District S/Wages/Contract Labor Other (enter a category not listed above) o complete this form.
1 Total pages Schedule F1;	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
19/21	Pilar Candia	, , , , , , , , , , , , , , , , , , , ,
4 Date	5 Payee name	
3/30/17	Dutchs	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$60.61	3009 S. University Dr. Fort W	Vorth, Texas 76109
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	Food Expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/31/17	Target	
Amount (\$)	Payee address; City; State; Zip Code	The state of the s
\$86.59	301 Carroll St. Fort Worth,	Texas 76102
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if Iravel outside of Texas. Complete Schedule T
EXPENDITURE		Check if Austin, TX, officeholder living expense
	Donation: Bicycle	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4/1/17	Facebook	
Amount (\$)	Payee address; City; State; Zip Code	
\$15.00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check il travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		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
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	7 Inting Ex	ages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Pilar Candia	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
4/1/17	Donut Place			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$25.10	7917 E. Belknap Fort Worth,	lexas 76111		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas, Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
	Food Expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
4/1/17	Walgreens			
Amount (\$)	Payee address; City; State; Zip Code			
\$11.98	3809 E. Belknap St. Fort	Worth 76111		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense		
	Beverage Expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
4/1/17	Dominos Pizza			
Amount (\$)	Payee address; City; State; Zip Code	The second secon		
	, , , , , , , , , , , , , , , , , , , ,			
\$69.98	900 Henderson St. Fort World	th, Texas 76102		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
	Food Expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
	<u> </u>			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Paymenl The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)		
22/21	Pilar Candia				
4 Date	5 Payee name				
4/3/17	Beacon Street Strategies				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
300.00	300.00				
PO BOX 1811, Fort Worth, TX 76101					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas, Complete Schedule T.			
OF EXPENDITURE		Check if Austir	n, TX, officeholder living expense		
	Contract				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF					
Date	Payee name				
	,				
4/3/17	Anedot				
Amount (\$)	Payee address; City; State; Zip Code				
\$215.35	PO Box 84314 Baton Rouge,	, LA 70884			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas, Complete Schedule T.			
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense		
EXPENDITURE	Fees				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	1	J			
Date	Payee name				
2 4.00					
Amount (\$)	Payee address; City; State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel ou	utside of Texas. Complete Schedule T.		
OF		Check if Austin	n, TX, officeholder living expense		
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	1	-			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					