

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:

25

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs. Pilar

NICKNAME

LAST

SUFFIX

Candia

OFFICE USE ONLY

Date Received

RECEIVED

APR 28 2017

Board of Education

Date Hand-delivered or Date Postmarked

4-28-17

Receipt #

Amount \$

Date Processed

4-28-17

Date Imaged

4-28-17

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

04 / 07 / 2016

THROUGH

Month

Day

Year

04 / 28 / 2017

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 06 / 2017

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Pilar Candia

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,688.82

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 9,525.49

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

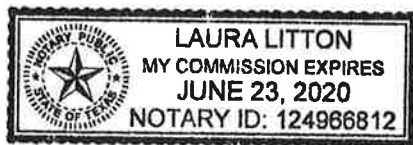
\$ 10,220.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

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]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pilar Candia, this the 28th day of April, 20 17, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Laura Litton

Printed name of officer administering oath

Branch Asst.

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,185.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,503.82
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	\$ 9,525.49
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:**8****2** FILER NAME

Pilar Candia

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

4/14/17

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

Pete Perez

7 Amount of contribution (\$)

200.00

6 Contributor address;

City; State; Zip Code

1600 Texas

Ft. Worth Tx 76102

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4/17/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Linebarger & Associates

Amount of contribution (\$)

2500.00

Contributor address;

City; State; Zip Code

P.O. Box 17428

Ft. Worth Tx 17428

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

4/13/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stone Wall Dems

Amount of contribution (\$)

300.00

Contributor address;

City; State; Zip Code

7016 Hawaii

Arlington Tx 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Martha Leonard

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1411 Shady Oak Land

Ft. Worth Tx 76107

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:
8**2** FILER NAME

Pilar Candia

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

4/8/17

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

Hector Flores

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

1030 Tracy Ave

Duncanville Tx 75137

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4/10/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mollie Lasater

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3815 Libson St

Ft. Worth Tx 76107

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/13/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Molyneux

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

4008 Tamworth

Ft. Worth Tx 76116

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Date

4/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Irasema Garcia

Amount of contribution (\$)

300.00

Contributor address;

City; State; Zip Code

3216 E. 1st

Ft. Worth Tx 76111

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:
8**2** FILER NAME

Pilar Candia

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

4/24/17

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

Aracely Chavez

7 Amount of contribution (\$)

150.00

6 Contributor address;

City; State; Zip Code

6920 Wicks Trail

Ft. Worth Tx 76133

8 Principal occupation / Job title (See Instructions)

FWISD

9 Employer (See Instructions)

Date

4/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anna Alvarado

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

3809 Westcliff rd

Ft. Worth Tx 76109

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

4/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stephen Meeks

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

1125 Hidden Oaks Dr. Ft. Worth Tx 76022

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

4/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Esperanza Huitron

Amount of contribution (\$)

20.00

Contributor address;

City; State; Zip Code

3516 S. Jones

Ft. Worth Tx 76133

Principal occupation / Job title (See Instructions)

TCU

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**2** FILER NAME

Pilar Candia

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

4/24/17

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

Armando Robles

7 Amount of contribution (\$)

40.00

6 Contributor address;

City; State; Zip Code

3733 Grove St.

Ft. Worth Tx 76110

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Date

4/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Greg Hughes

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

3408 View St

Ft. Worth Tx 76108

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Lockheed Martin

Date

4/25/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Schisler

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

12 Wynfall Ave

Crisfield MD

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/24/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Schmidt

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1004 Cerro Azul

El Paso Tx 79902

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:
8**2** FILER NAME

Pilar Candia

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

4/24/17

5 Full name of contributor

Robert Brizendine

☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

2101 W. Morphy St

Ft. Worth Tx 76110

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

McKesson Pharma

Date

4/23/17

Full name of contributor

Verenice Bustillos

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4837 Grinstein Dr.

Ft. Worth Tx 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/17

Full name of contributor

Paula Rosales

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

11130 Lanewood Circle

Dallas Tx 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/17

Full name of contributor

Francisco Gonzalez

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4120 Buena Vista st

Dallas Tx 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

UTA

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**2** FILER NAME

Pilar Candia

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

4/15/17

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

Alicia Dean

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

3202 Overto Oak Dr. W Ft. Worth Tx 76109

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

Edge Systems

Date

4/14/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jaime Resendez

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

636 Esterine Rd Dallas Tx 75217

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law Offices of Eric Cedillo

Date

4/14/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carol Cappa

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

5929 Blanchard Dr. Ft. Worth Tx 76131

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

VA Hospital

Date

4/13/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Roxanne Martinez

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

1315 NE 37th St Ft. Worth Tx 76106

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:
8**2** FILER NAME

Pilar Candia

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

4/11/17

5 Full name of contributor

Rafael Anchia

☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1601 Bryan Street Dallas Tx 75201

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

Civitas Capital Group

Date

4/11/17

Full name of contributor

Texas Latina List

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

P.O Box 64025 Ft. Worth Tx 76164

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PAC

Date

4/25/17

Full name of contributor

Stephanie Harvey

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

4316 Ridgehave Ct Ft. Worth Tx 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**2** FILER NAME

Pilar Candia

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

4/25/17

5 Full name of contributor

Ediberto Salinas

☐ out-of-state PAC (ID#: _____)**7** Amount of contribution (\$)

150.00

6 Contributor address; City; State; Zip Code

1900 E. Henderson St Cleburne Tx 76031

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

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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: 2	
2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/20/17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Brady 7 Contributor address; City; State; Zip Code 100 Throckmorton St, Ft. Worth Tx 76102	8 Amount of Contribution \$ 328.24	9 In-kind contribution description Food/Drinks <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 4/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fort Worth Police Officers Association Contributor address; City; State; Zip Code 2501 Parkview Drive Ft. Worth Tx 76102	Amount of Contribution \$ 2578.58	In-kind contribution description Advertising <input type="checkbox"/> 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****2** FILER NAME**Pilar Candia****3** Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date**04/28/17****6** Full name of contributor ☐ out-of-state PAC (ID#:**Ty Williams****7** Contributor address; City; State; Zip Code**650 May St Ft. Worth Tx 76104****8** Amount of Contribution \$**500.00****9** In-kind contribution description**Office Space**☐ 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

4/24/17Full name of contributor ☐ out-of-state PAC (ID#:**Elizabeth Beck**

Contributor address; City; State; Zip Code

2717 Ryan Ave Ft. Worth Tx 76110

Amount of Contribution \$

97.00

In-kind contribution description

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

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

Attorney/Grenade Specialist

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: 12	2 FILER NAME Pilar Candia	3 Filer ID (Ethics Commission Filers)
4 Date 4/4/17	5 Payee name Mullholand Custom imprints	
6 Amount (\$) 30.00	7 Payee address; City; State; Zip Code 1332 N. Main St, Fort Worth Tx 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 4/4/17	Candidate / Officeholder name Phyllis Allen	
Amount (\$) 250.00	Office sought Office held	
Payee address; City; State; Zip Code 2707 Ennis Ave, Ft. Worth Tx 76111		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor	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 4/6/17	Candidate / Officeholder name All Season Tint and Graphic Design	
Amount (\$) 70.36	Office sought Office held	
Payee address; City; State; Zip Code 6515 Smithfield Rd, NRH 76182		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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		
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)
12	Pilar Candia		
4 Date	5 Payee name		
4/7/17	Subway Restaurant		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
49.74	616 W. Rosedale Ft. Worth Tx 76104		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Food		<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	Payee name		
4/10/17	Seven Eleven		
Amount (\$)	Payee address; City; State; Zip Code		
51.07	1401 W. 7th St Fort Worth Tx 76102		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Fuel		<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			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
4/10/17	Epilepsy Foundation		
Amount (\$)	Payee address; City; State; Zip Code		
100.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Donation		<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			
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: 12		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 4/12/17		5 Payee name Beacon Street Strategies			
6 Amount (\$) 300.00		7 Payee address; City; State; Zip Code P.O Box 1811 Ft. Worth Tx 76106			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract labor		(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 4/13/17		Payee name USPS			
Amount (\$) 73.50		Payee address; City; State; Zip Code 3101 W. 6th Ft. Worth Tx 76106			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office		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 4/13/17		Payee name Office Depot			
Amount (\$) 110.94		Payee address; City; State; Zip Code 401 Carroll St. Ft. Worth Tx 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Supplies		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: 12		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 4/13/17		5 Payee name Enchiladas Ole			
6 Amount (\$) 88.58		7 Payee address; City; State; Zip Code 901 N. Sylvania Fort Worth Tx 76111			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food		(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 4/13/17		Payee name Print Place			
Amount (\$) 517.00		Payee address; City; State; Zip Code 1130 Ave H East, Arlington Texas 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		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 4/13/17		Payee name Print Place			
Amount (\$) 517.00		Payee address; City; State; Zip Code 1130 Ave H East, Arlington Texas 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		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; 12		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 4/17/17		5 Payee name SnapChat			
6 Amount (\$) 25.50		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(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 4/17/17		Payee name Quick Trip			
Amount (\$) 50.57		Payee address; City; State; Zip Code 1101 Hemphill Ft. Worth Tx 76104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fuel		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 4/17/17		Payee name Donut Place			
Amount (\$) 32.87		Payee address; City; State; Zip Code 7917 E. Belknap Ft. Worth Tx 76111			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food		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: 12		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 4/17/17		5 Payee name Print Place			
6 Amount (\$) 1493.27		7 Payee address; City; State; Zip Code 1130 Ave H East, Arlington Texas 76011			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(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 4/19/17		Payee name Phyllis Allen			
Amount (\$) 250.00		Payee address; City; State; Zip Code 2707 Ennis Ave Ft. Worth Tx 76111			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		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 4/20/17		Payee name Print Place			
Amount (\$) 981.50		Payee address; City; State; Zip Code 1130 Ave H East, Arlington Texas 76011			
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: 12		2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Pilar Candia</div>		3 Filer ID (Ethics Commission Filers)	
4 Date 4/21/17		5 Payee name <div style="text-align: center; font-size: 1.2em;">Beacon Street Strategies</div>			
6 Amount (\$) 160.00		7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">P.O Box 1811 Ft 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</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		Candidate / Officeholder name		Office sought	Office held
Date 4/21/17		Payee name <div style="text-align: center; font-size: 1.2em;">Print Place</div>			
Amount (\$) 574.09		Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1130 Ave H East, Arlington Texas 76011</div>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Advertising</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		Candidate / Officeholder name		Office sought	Office held
Date 4/22/17		Payee name <div style="text-align: center; font-size: 1.2em;">Quick Trip</div>			
Amount (\$) 55.40		Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">101 Hemphill St, Fort Worth Tx 76104</div>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Fuel</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		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: 12		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 4/22/17		5 Payee name Quick Trip			
6 Amount (\$) 42.55		7 Payee address; City; State; Zip Code 101 Hemphill Fort Worth Tx 76104			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fuel		(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 4/22/17		Payee name Family Dollar			
Amount (\$) 29.95		Payee address; City; State; Zip Code 616 W. Rosedale Ft. Worth Tx 76104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office supplies		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 4/22/17		Payee name Print Place			
Amount (\$) 1320.02		Payee address; City; State; Zip Code 1130 Ave H East, Arlington Texas 76011			
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: 12	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;">4/23/17</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">Tom Thumb</div>	
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">130.70</div>	7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">2400 W. 7th St, Ft. Worth Tx 76107</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;">Food/Beverage</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;">4/24/17</div>	Candidate / Officeholder name <div style="text-align: center; font-size: 1.2em;">Americado</div>	
Amount (\$) <div style="text-align: center; font-size: 1.2em;">80.49</div>	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">2000 W. Berry Ft. Worth Tx 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</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; font-size: 1.2em;">4/24/17</div>	Candidate / Officeholder name <div style="text-align: center; font-size: 1.2em;">Guanajuato Bakery</div>	
Amount (\$) <div style="text-align: center; font-size: 1.2em;">36.56</div>	Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">3301 E. Belknap Ft. Worth Tx 76111</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Food</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: 12	2 FILER NAME Pilar Candia	3 Filer ID (Ethics Commission Filers)
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4 Date 4/24/17	5 Payee name Anedote
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6 Amount (\$) 36.56	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee's	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/26/17	Payee name Print Place
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Amount (\$) 971.67	Payee address; City; State; Zip Code 1130 Ave H East, Arlington Texas 76011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/25/17	Payee name Cannon
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Amount (\$) 80.82	Payee address; City; State; Zip Code 304 W. Cannon St, Fort Worth Tx 76104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 12		2 FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 Date 4/26/17		5 Payee name Taco Cabana			
6 Amount (\$) 68.68		7 Payee address; City; State; Zip Code 5036 Rufe Snow Drive, NRH			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food Donation		(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 4/26/17		Payee name Print Place			
Amount (\$) 414.02		Payee address; City; State; Zip Code 1130 Ave H East, Arlington Texas 76011			
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 4/25/17		Payee name Happy Fiesta			
Amount (\$) 500.00		Payee address; City; State; Zip Code 3244 S. Grove Ft. Worth Tx 76110			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		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: 12	2 FILER NAME Pilar Candia	3 Filer ID (Ethics Commission Filers)
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4 Date 4/27/17	5 Payee name Quick Trip
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6 Amount (\$) 50.34	7 Payee address; City; State; Zip Code 101 Hemphill St, Fort Worth Tx 76104
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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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED