CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form,	Filer ID (Ethics Commission Filers)	2 Total pages filed: 25
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Mrs/Mr FIRST Mrs. Pilar	MI	OFFICE USE ONLY
	NICKNAME Candia	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 7512 Ft. Worth	state; zip code	APR 28 2017 Board of Education
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (682) 239-1366	EXTENSION	Date Hand-delivered or Date Postmarked 4-28-17
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Belinda	MI	Receipt # Amount \$ Date Processed
	NICKNAME LAST Norris	SUFFIX	4-28-17 Date Imaged 4-28-17
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE	#; CITY; STATE;	ZIP CODE
(Residence or Business)	2405 Bird Street, Fort Worth	Tx 76111	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 437-2904	EXTENSION	
9 REPORT TYPE	July 15 30th day before election 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Altach C/OH - FR)
10 PERIOD COVERED	Month Day Year 04/ 07/2016	THROUGH 04 /2	Day Year 28 /2017
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 2017	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	GO TO PAC	GE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Pilar Candi		Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUR IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	ন
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S., LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
	l	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,688.82
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,525.49
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 10,220.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ O
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. MY COMMISSION EXPIRES JUNE 23, 2020 NOTARY ID: 124966812			
	ribed before me, l	by the said Plar Candia to certify which, witness my hand and seal of office.	, this the <u>28±1</u>
Signature of officer a	iton	Printed name of officer administering oath	bara Asst. Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
Э.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,185.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3,503.82
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS		\$
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 9,525.49
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7,	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11g	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBURETURNED TO FILER	TIONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 8 2 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#:___ Pete Perez 4/14/17 200.00 6 Contributor address; City; State; Zip Code 1600 Texas Ft. Worth Tx 76102 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 4/17/17 Linebarger & Associates 2500.00 Contributor address; City; State; Zip Code P.O. Box 17428 Ft. Worth Tx 17428 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) 4/13/17 Stone Wall Dems 300.00 Contributor address; City; State; Zip Code 7016 Hawaii Arlington Tx 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 4/4/17 Martha Leonard 250.00 Contributor address; City; State; Zip Code 1411 Shady Oak Land Ft. Worth Tx 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Pilar Candia 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 4/8/17 **Hector Flores** 100.00 6 Contributor address; City; State; Zip Code Duncanville Tx 75137 1030 Tracy Ave Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 500.00 4/10/17 Mollie Lasater Contributor address; City; State; Zip Code 3815 Libson St Ft. Worth Tx 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) 4/13/17 John Molyneux 500.00 Contributor address; City; State; Zip Code 4008 Tamworth Ft. Worth Tx 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 4/24/17 Irasema Garcia 300.00 Contributor address; City; State; Zip Code 3216 E. 1st Ft. Worth Tx 76111 Principal occupation / Job title (See Instructions) Employer (See Instructions) **FWISD** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Pilar Candia 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ Aracely Chavez 150.00 4/24/17 6 Contributor address; City; State; Zip Code Ft. Worth Tx 76133 6920 Wicks Trail Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **FWISD** Full name of contributor Out-of-state PAC (ID#: Date Amount of contribution (\$) 4/24/17 Anna Alvarado 150.00 Contributor address: City; State; Zip Code 3809 Westcliff rd Ft. Worth Tx 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 4/24/17 1000.00 Stephen Meeks Contributor address: City; State; Zip Code 1125 Hidden Oaks Dr. Ft. Worth Tx 76022 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Date Amount of contribution (\$) out-of-state PAC (ID#:_ Esperanza Huitron 4/24/17 20.00 Contributor address; City; State; Zip Code 3516 S. Jones Ft. Worth Tx 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) **TCU** 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. 8 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Pilar Candia 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ 4/24/17 Armando Robles 40.00 6 Contributor address; City; State; Zip Code 3733 Grove St. Ft. Worth Tx 76110 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 (\$) Greg Hughes 4/24/17 Contributor address: City; State; Zip Code 3408 View St Ft. Worth Tx 76108 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Lockheed Martin** Engineer Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) 4/25/17 200.00 Robert Schisler Contributor address: City; State; Zip Code Crisfield MD 12 Wynfall Ave Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ 4/24/17 Robert Schmidt 100.00 Contributor address: City; State; Zip Code El Paso Tx 79902 1004 Cerro Azul Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

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. 8 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Pilar Candia Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 4/24/17 50.00 Robert Brizendine 6 Contributor address; City; State; Zip Code 2101 W. Morphy St Ft. Worth Tx 76110 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) McKesson Pharma Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 100.00 4/23/17 Verenice Bustillos Contributor address; City; State; Zip Code 4837 Grinstein Dr. Ft. Worth Tx 76244 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) 4/21/17 25.00 Paula Rosales Contributor address; City; State; Zip Code 11130 Lanewood Circle Dallas Tx 75204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Francisco Gonzalez 4/17/17 100.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME Pilar Candia Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 100.00 4/15/17 Alicia Dean 6 Contributor address: City; State; Zip Code Ft. Worth Tx 76109 3202 Overto Oark Dr. W Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Edge Systems** Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 4/14/17 Jaime Resendez 100.00 Contributor address; City; State; Zip Code Dallas Tx 75217 636 Esterine Rd Principal occupation / Job title (See Instructions) Employer (See Instructions) Law Offices of Eric Cedillo Attorney Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) 4/14/17 Carol Cappa 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 Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ 4/13/17 150.00 Roxanne Martinez Contributor address: City; State; Zip Code 1315 NE 37th St Ft. Worth Tx 76106 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 8 3 Filer ID (Ethics Commission Filers) FILER NAME Pilar Candia Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ 4/11/17 Rafael Anchia 250.00 6 Contributor address: City; State; Zip Code Dallas Tx 75201 1601 Bryan Street Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Civitas Capital Group Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 250.00 4/11/17 Texas Latina List Contributor address; City; State; Zip Code Ft. Worth Tx 76164 P.O Box 64025 Principal occupation / Job title (See Instructions) Employer (See Instructions) PAC Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 500.00 4/25/17 Stephanie Harvey 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 Amount of contribution (\$) out-of-state PAC (ID#:__ City: State: Zip Code Contributor address: Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 8 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Pilar Candia 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ 4/25/17 Ediberto Salinas 6 Contributor address; 150.00 City; State; Zip Code 1900 E. Henderson St. Cleburne Tx 76031 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Contributor address: Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:__ City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how	1 Total pages Schedule A2:	
² FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND PO	DLITICAL CONTRIBUTION	NS \$
4/20/17 Charles Brady 7 Contributor address;	/20/17 Charles Brady	
10 Principal occupation / Job title (FOR NON-JUDIC Attorney	CIAL) (See Instructions) 11 En	mployer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIA	L) 13 Co	ontributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 La	aw firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if ar	y) (FOR JUDICIAL)	
Date Full name of contributor 4/24/17 Fort. Worth Police Of	ut-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description 2578.58 Advertising
Contributor address; 2501 Parkview Drive	City; State; Zip Code	
Principal occupation / Job title (FOR NON-JUDIO		Check if travel outside of Texas. Complete Schedule T. mployer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIA	L) Co	ontributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	La	aw firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if a	ny) (FOR JUDICIAL)	ж
ATTACHADI	DITIONAL COPIES OF THIS SC	CHEDIU E 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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:		
2 FILER NAME	≡ Pilar Candia		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 04/28/17	T \A(:III: a.m. a		8 Amount of Contribution \$ 9 In-kind contribution description 500.00 Office Space	
	650 May St Ft. Worth Tx 76	104	Check if travel outside of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Self Employed	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	
4/24/17	Elizabeth Beck Contributor address; City; State; Zip Contributor	.suusaaa No	97.00 Beverages	
	2717 Ryan Ave Ft. Worth Tx 76110			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL)(See Instructions)	
	Attorney/Grenade Specialist		(
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)	1		
	ATTACH ADDITIONAL CODIES OF T	HIG SCHEDI	II E 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.

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 Gitt/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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wa The Instruction Guide explains how to co		tther (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Pilar Candia	3	Filer ID (Ethics Commission Filers)	
4 Date 4/4/17	5 Payee name Mullholand Custom imprints			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
30.00	1332 N. Main St, Fort Worth Tx 7	76164		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	e of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE	Advertising		C, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/4/17	Phyllis Allen			
Amount (\$)	Payee address; City; State; Zip Code			
250.00	2707 Ennis Ave, Ft. Worth Tx 761	11		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside	o of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX	, officeholder living expense	
EXI ENDITORE	Contract labor			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/6/17 All	Season Tint and Graphic Design			
Amount (\$)	Payee address; City; State; Zip Code			
70.36	6515 Smithfield Rd, NRH 76182			
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside	e of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE	Advertising		(, officeholder living expense	
EXI ENDITORE	Advortioning			
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/W The Instruction Guide explains how to compare the committee of the comm	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 4/7/17	5 Payee name Subway Restaurant		
6 Amount (\$) 49.74	7 Payee address; City; State; Zip Code 616 W. Rosedale Ft. Worth Tx	76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	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)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/10/17	Epilepsy Foundation		
Amount (\$) 100.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

ling Expense Travel In District
titing Expense
Travel Out of District
Travel Out of District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/		(enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1;	² FILER NAME Pilar Candia	3 Fil	er ID (Ethics Commission Filers)
4 Date	5 Payee name	·	
4/12/17	Beacon Street Strategies		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
300.00	P.O Box 1811 Ft. Worth	Гх 76106	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of To	exas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, off	iceholder living expense
EXI ENDITORE	O and the state of		
	Contract labor		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		_
4/13/17	USPS		
Amount (\$)	Payee address; City; State; Zip Code		
73.50	3101 W. 6th Ft. Worth Tx 7	6106	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Te	·
EXPENDITURE		Check if Austin, TX, offi	ceholder living expense
	Office		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/40/47	Office Denst		
4/13/17 Amount (\$)	Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
110.04	404 Corroll Ct	v 70107	
110.94	401 Carroll St. Ft. Worth T	Ť T	
	Category (See Categories listed at the top of this schedule)	Description	0 1.05.11.7
PURPOSE OF		Check if travel outside of le	exas. Complete Schedule T.
EXPENDITURE	Office Supplies	CHOCK II AUSUII, 1A, OIII	consider maind exhause
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 Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form,			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
12	Pilar Candia		
4 Date	5 Payee name		w)
4/13/17	Enchiladas Ole		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
88.58	901 N. Sylvania Fort Wortl	h Tx 76111	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austir	n, TX, officeholder living expense
	Food		
	Food	041	Office held
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office neid
Date	Payee name		
4/10/17	Print Place		
4/13/17			
Amount (\$)	Payee address; City; State; Zip Code		
517.00	 1130 Ave H East, Arlington Texas	76011	
317.00			
	Category (See Categories listed at the top of this schedule)	Description Check if travelous	itside of Texas. Complete Schedule T.
PURPOSE OF			, TX, officeholder living expense
EXPENDITURE			
	Advertising		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Doto	Payee name		
Date	1 ayee hame		
4/13/17	Print Place		
Amount (\$)	Payee address; City; State; Zip Code		
517.00	1130 Ave H East, Arlington Texa	s 76011	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		г т	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
	Advertising		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O			
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E AS NEI	EDED.
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W: The Instruction Guide explains how to co	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		
4/17/17	SnapChat		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
25.50		ı.	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
LAPENDITURE	Advertising		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/17/17	Quick Trip		
Amount (\$)	Payee address; City; State; Zip Code		
50.57	1101 Hemphill Ft. Wor	th Tx 76104	
	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 living expense
EXPENDITURE			
	Fuel		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		-
2410			
4/17/17	Donut Place		
Amount (\$)	Payee address; City; State; Zip Code		
	,		
32.87	7917 E. Belknap Ft. Wo	orth Tx 76111	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
	Food		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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 Polling Expense

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

Candidate/Officeholder/Politica	,	kpense Travel Out Of District /ages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	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	,
4/17/17	Print Place	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1493.27	1130 Ave H East, Arling	gton Texas 76011
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
	Advertising	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		Since deagn.
Date	Payee name	
4/19/17	Phyllis Allen	
Amount (\$)	Payee address; City; State; Zip Code	
250.00	2707 Ennis Ave Ft. \	North Tx 76111
	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
	Contract Labor	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Cinico sought
Date	Payee name	
4/00/47	D. C. C. DI	
4/20/17	Print Place	
Amount (\$)	Payee address; City; State; Zip Code	
981.50	1130 Ave H East, Arlington	on Texas 76011
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
	Advertising Expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	1	5
	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

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 (expenses per bilieted phases)

Candidate/Officeholder/Politica Credit Card Payment	, and the second	ages/Contract Labor	Other (enter a category not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	² FILER NAME Pilar Candia	FI	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4/21/17	Beacon Street Str	atenies	
6 Amount (\$)	7 Payee address; City; State; Zip Code	atogios	
σ , ,,,,,οα,,,ε (φ)	Trayor address, Sky, State, Ep 3000		
160.00	P.O Box 1811 Ft Worth To	x 76101	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
	Contract		
			2.0
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/21/17	Print Place		
Amount (\$)	Payee address; City; State; Zip Code		
574.09	1130 Ave H East, Ar	lington Texas	76011
	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 living expense
	A di cantialia u		
	Advertising		000
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	·		
4/22/17	Quick Trip		
Amount (\$)	Payee address; City; State; Zip Code		
55.40	101 Hemphill St, Fort V	Worth Tx 761	04
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
EAFENDITURE			
	Fuel		
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 M.

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

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

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor O	ravel Out Of District other (enter a category not listed above)	
1 Total pages Schedule F1:	² FILER NAME Pilar Candia	3	Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
4/22/17	Quick Trip			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
42.55	101 Hemphill Fort Worth	Tv 76104		
	,	(b) Description		
8	(a) Category (See Categories listed at the top of this schedule)	l · / 🖂 ·	of Taxas Complete Schedule T	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE		Onedk ii Addini, 17	Companies living expense	
	Fuel			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/22/17	Family Dollar			
Amount (\$)	Payee address; City; State; Zip Code			
29.95	616 W. Rosedale Ft. Worth Tx 76104			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE			of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX	, officeholder living expense	
	Office supplies			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/22/17	Print Place			
Amount (\$)	Payee address; City; State; Zip Code			
1320.02	1130 Ave H East, Arling	gton Texas 760	11	
	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	
LA LIBITORE	Advortising Expanse			
	Advertising Expense	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/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 (orders a category set listed choice)

Candidate/Officeholder/Politica			pense /ages/Contract Labor	Travel Out Of District Other (enter a category not liste	d above)
Credit Card Payment	The Instruction G	duide explains how to c	omplete this form.		
1 Total pages Schedule F1:				3 Filer ID (Ethics Commis	sion Filers)
12		Candia			
4 Date	5 Payee name				
4/23/17	Tom Thumb				
6 Amount (\$)	7 Payee address; City	; State; Zip Code			
130.70	2400 W. 7th	St, Ft. Worth	Tx 76107		
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	n, TX, officeholder living expense	
	Food/Beve	rane			
9 Complete ONLY if direct	Candidate / Officeholder na		Office sought	Office he	ald
expenditure to benefit C/OF			omoo ooag	Office IX	iid
Date	Payee name				
	•				
4/24/17	An	nericado			
Amount (\$)	Payee address; City:	; State; Zip Code			
80.49	2000 W. Ber	ry Ft. Worth T	x 76110		
	Category (See Categories listed at	the top of this schedule)	Description		
PURPOSE OF				tside of Texas. Complete Schedule T.	
EXPENDITURE			Check if Austin,	, TX, officeholder living expense	
	Food				
Complete ONLY if direct	Candidate / Officeholder na	l ime	Office sought	Office he	eld
expenditure to benefit C/OH			- · · · · · · · · · · · · · · · · · · ·	355 115	
Date	Payee name				
4/24/17	Guanaiuat	Pokory			
Amount (\$)	Guanajuato Bakery Payee address; City; State; Zip Code				
γ (Ψ)	r ayee address, Oity,	State, Zip Code			
36.56	2201 E Polkr	on Et Morth	Tv 76111		
30.30	3301 E. Belkn Category (See Categories listed at				
PURPOSE	Oategory (See Categories listed at	ine top of this schedule)	Description Chark if travel out	side of Texas. Complete Schedule T.	
OF				TX, officeholder living expense	
EXPENDITURE			and the state of t	TA, official living expense	
	Food				
Complete ONLY if direct	Candidate / Officeholder na	ame	Office sought	Office he	eld
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/Wadas/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
12	Pilar Candia		
4 Date	5 Payee name		
4/24/17	Anedote	+	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
36.56			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel out	itside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
EXPERIENCE			
	Fee's		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/26/17	Print Place		
Amount (\$)	Payee address; City; State; Zip Code		
971.67	1130 Ave H East, Arling	nton Texas 76	SO11
	Category (See Categories listed at the top of this schedule)		7011
	Category (Gee Categories listed at the top of this schedule)	Description Check if traval out	side of Texas. Complete Schedule T.
PURPOSE OF			·
EXPENDITURE		Check if Austin,	TX, officeholder living expense
	Advertising		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		emoc bought	Since field
Date	Payee name		
	_		
4/25/17	Cannon		
Amount (\$)	Payee address; City; State; Zip Code		
80.82	304 W. Cannon St, Fort V	North Tx 761	04
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			side of Texas. Complete Schedule T.
OF			TX, officeholder living expense
EXPENDITURE		,	
	Food		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL CODICE OF THE	SCHEDIII E 46 MEE	:DED
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W	ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1: 12	² FILER NAME Pilar Candia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4/26/17	Taco Cabana		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
68.68	5036 Rufe Snow Drive,	NRH	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outs	ide of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
	Food Donation		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/26/17	Print Place		
Amount (\$)	Payee address; City; State; Zip Code		
414.02	1130 Ave H East, Ar	lington Texas	76011
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outsi	de of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, 1	TX, officeholder living expense
	–		
	Advertising Expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	,		
4/25/17	Happy Fiesta		
Amount (\$)	Payee address; City; State; Zip Code		
500.00	3244 S. Grove Ft. Worth	Tx 76110	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	J , , sales at the top of the sales and top		de of Texas. Complete Schedule T.
OF			TX, officeholder living expense
EXPENDITURE			At amounded wing expense
	Advertising		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		-	
	ATTACH ADDITIONAL CODIES OF THIS	COUEDIN E AC NEEL	NED.
	ATTACH ADDITIONAL COPIES OF THIS S	OCHEDULE AS NEEL	יבט

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 Salarias Magas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete 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		
4/27/17	Quick Trip		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
50.34	101 Hemphill St, Fort Worth	Tx 76104	
8	(a) Category (See Categories listed at the top of this schedule)		
	(a) Oatogory (See Categories listed at the top of this scriedule)	(b) Description	tside of Texas. Complete Schedule T.
PURPOSE OF			
EXPENDITURE		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		
- 4.0			
Amount (\$)	Payee address; City; State; Zip Code		
	, , , , ,		
	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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
experiditure to beliefit 0/01			
Date	Payee name		
Julio			
Amount (\$)	Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code		
	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
EAPENDITURE			-
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		-	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			