

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <u>60</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mrs.</u> NICKNAME	FIRST <u>Pilar</u> LAST	MI <u>Candia</u> SUFFIX
	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX		APT / SUITE #
	CITY		STATE; ZIP CODE <u>TX 76111</u>
5 CANDIDATE / OFFICEHOLDER PHONE	NSION		Date Received Date Hand-delivered or Postmarked Receipt # <u>8</u> Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr.</u> NICKNAME	FIRST <u>Felipe</u> LAST	MI <u>Gutierrez</u> SUFFIX
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	AREA CODE PHONE NUMBER EXTENSION		
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <u>07 / 01 / 2014</u>	THROUGH	Month Day Year <u>09 / 25 / 2014</u>
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 04 / 2014</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Justice of the Peace Precinct 1</u>	
GO TO PAGE 2			

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Pilar Candia 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

 additional pages

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,537.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,955.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,884
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

FILED
TARRANT COUNTY
2014 OCT -5 PM 1:40
ELECTIONS

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 Marina del Pilar, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

Olliephine Anderson Signature of officer administering oath
Olliephine Anderson Print name of officer administering oath
Notary Public Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 125	
2 FILER NAME PILAR CANDIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/10/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TARRANT COUNTY DEMOCRATIC WOMENS CLUB	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 471181 FORT WORTH TX 76147		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation N/A		10 Contributor's job title N/A	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 7/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAMON ROMERO	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2201 F. MADDOX FORT WORTH TEXAS 76104		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation SELF EMPLOYED		Contributor's job title OWNER	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAYMOND GILL	Amount of contribution (\$) \$230.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 DEVID LANE, FORT WORTH 76112		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation MEDICAL EQUIPMENT SALES		Contributor's job title Admin	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 TARRANT COUNTY
 2014 OCT -6 PM 4:35
 STATE ELECTIONS ADMINISTRATOR

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2-25

2 FILER NAME

PILOR CANDIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/1/14

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

SALVADOR ESPINO

6 Contributor address; City; State; Zip Code

1205 NORTH MAIN
FORT WORTH, 76164

7 Amount of contribution (\$)

\$350.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

attorney

10 Contributor's job title

owner

11 Contributor's employer/law firm

LAW OFFICE OF SAL ESPINO

12 Law firm of contributor's spouse (if any)

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

Date

8/1/14

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

KIMBERLY LEWIS

Contributor address; City; State; Zip Code

918 N BLUE DRAVE CT
GRANBURY, TEXAS 76049

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Home Health care

Contributor's job title

Admin

Contributor's employer/law firm

encompass

Law firm of contributor's spouse (if any)

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

Date

8/1/14

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

DR. JIM DUNN

Contributor address; City; State; Zip Code

2306 STONE BRIDGE DR
ARLINGTON, TX 76010

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

ADMINISTRATION

Contributor's job title

Admin

Contributor's employer/law firm

Parkland Hospital

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FILED
TARRANT COUNTY
2011 OCT -6 PM 1:35
STEVE PARKLAND
ELECTIONS ADMINISTRATOR
RY:

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J): **3-25**

2 FILER NAME **Pilar Candia** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 8/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norman Lee	7 Amount of contribution (\$) \$60.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2704 BELAR BROOK COURT ARLINGTON, TEXAS 76006		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **CIVIC ARTIST** 10 Contributor's job title

11 Contributor's employer/law firm **SELF-EMPLOYED** 12 Law firm of contributor's spouse (if any)

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

Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARIA JUAREZ	Amount of contribution (\$) \$45.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3552 PECOS ST FORT WORTH TEXAS 76119		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **CHEF** Contributor's job title
Chef

Contributor's employer/law firm **SODEXO** Law firm of contributor's spouse (if any)

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

Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HILARIO CISNEROS	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2340 LINDA LN FORT WORTH, TX 76119		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **SOCCER TRAINER** Contributor's job title
Coach

Contributor's employer/law firm **Self** Law firm of contributor's spouse (if any)

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

FILED
 TRANSMITTED
 2014 OCT 6 PM 4:36
 STATE ETHICS COMMISSION
 ELECTIONS ADMINISTRATION

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):
4-25

2 FILER NAME **Pillar CANDIA** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 8/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SERGIO DE LEON	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4521 DICK AVE FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **JUSTICE OF THE PEACE** 10 Contributor's job title
Judge

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

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

Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIO PEREZ	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2744 5th ave FORT WORTH, TEXAS 76112		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **ATTORNEY** Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

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

Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSEN GARCIA	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4504 ODESSA AVE FORT WORTH, 76112		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **CONSULTE** Contributor's job title
CONSULTE

Contributor's employer/law firm **PRECINCT 5 TARRANT COUNTY** Law firm of contributor's spouse (if any)

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

FILED
 TARRANT COUNTY
 2011 OCT -6 PM 4:36
 STATE BAR BOARD
 ELECTIONS ADMINISTRATION

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

5-25

2 FILER NAME

Pilar Candia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/1/14

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

DAVID GRANDA

6 Contributor address; City; State; Zip Code

2413 PRESIDENTIAL DRIVE
CLEBURNE, TEXAS 76031

7 Amount of contribution (\$)

\$30.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Teacher

10 Contributor's job title

11 Contributor's employer/law firm

Crowley ISD

12 Law firm of contributor's spouse (if any)

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

Date

8/1/14

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

Glen Lynn Norman

Contributor address; City; State; Zip Code

4808 SILENT RIDGE
FORT WORTH, TX 76132

Amount of contribution (\$)

\$30.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Client

Contributor's employer/law firm

Jodens Gym

Law firm of contributor's spouse (if any)

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

Date

8/1/14

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

RICARDO GRANDA

Contributor address; City; State; Zip Code

2201 Gault Ave
FORT WORTH, TX 76164

Amount of contribution (\$)

\$30.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Sales

Contributor's job title

Sales

Contributor's employer/law firm

SPRINT

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FILED
 TARRANT COUNTY
 2014 OCT -6 PM 1:36
 CLERK OF COUNTY CLERK
 ELECTIONS ADMINISTRATOR

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):
6-25

2 FILER NAME
PILAR CANDIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **8/1/14**
5 Full name of contributor: **MICHAEL LUGO**
6 Contributor address: **5434 BELMONT AVE DALLAS TX 75206**

7 Amount of contribution (\$): **100⁰⁰**
8 In-kind contribution description (if applicable): **CHECK.**
(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: **Self-employed**

10 Contributor's job title: **OWNER**

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

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

Date: **8/1/14**
Full name of contributor: **GLORIA GUERRERO**
Contributor address: **3905 MOREL ST. FORT WORTH TX 76133**

Amount of contribution (\$): **30⁰⁰**
In-kind contribution description (if applicable): **CASH.**
(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: **SELF EMPLOYEE**

Contributor's job title: **SALES**

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date: **8/1/14**
Full name of contributor: **JOHNNY MACCORMICK**
Contributor address: **8500 W HARBWOOD RD. H. RICHLAND HILLS 76180**

Amount of contribution (\$): **40⁰⁰**
In-kind contribution description (if applicable): **CASH.**
(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: **LAW ASSOCIATE**

Contributor's job title: **CLERICAL**

Contributor's employer/law firm: **✓**

Law firm of contributor's spouse (if any)

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

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TARRANT COUNTY
2014 OCT -5 PM 4:36
STATE OF TEXAS
ELECTIONS ADMINISTRATION

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 7-25	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOSE ROMERO	7 Amount of contribution (\$) 40⁰⁰	8 In-kind contribution description (if applicable) CHECK.
6 Contributor address; City; State; Zip Code 2501 MITCHELL BLVD. FW 76105		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation TEACHER		10 Contributor's job title	
11 Contributor's employer/law firm FORT WORTH ISD		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DICK A. BRAMS	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable) CASH.
Contributor address; City; State; Zip Code 6145 WEDGEWOOD DR. FORT WORTH TX 76114		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title OWNER	
Contributor's employer/law firm SELF EMPLOYEE		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NANCY BEAN	Amount of contribution (\$) 60⁰⁰	In-kind contribution description (if applicable) CASH.
Contributor address; City; State; Zip Code 2706 MEADOW HILL ARLINGTON TX 76006		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation N/A		Contributor's job title N/A	
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FILED
 TARRANT COUNTY
 2014 OCT -6 PM 4:36
 STATE ETHICS COMMISSION
 ELECTIONS ADMINISTRATION

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J): **8-25**

2 FILER NAME **PIIAR PANDIA** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 8/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WALTER SANDERS III	7 Amount of contribution (\$) 30⁰⁰	8 In-kind contribution description (if applicable) CREDIT CARD
6 Contributor address; City; State; Zip Code 6625 TRAIL WOOD DR FORT WORTH 76114		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **ASISTANT (DENTIST)** 10 Contributor's job title

11 Contributor's employer/law firm **RODEO DENTAL.** 12 Law firm of contributor's spouse (if any)

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

Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) P. VAUHTEMOC VILLA	Amount of contribution (\$) 40⁰⁰	In-kind contribution description (if applicable) CASH
Contributor address; City; State; Zip Code 1709 SADDLE CREEK CR. ARLINGTON TX 76015		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **ADMINISTRATIVE** Contributor's job title

Contributor's employer/law firm **OMNI HOTELS** Law firm of contributor's spouse (if any)

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

Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FELIPE GUTIERREZ	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable) CHECK.
Contributor address; City; State; Zip Code 429 COLLEGE AVE FORT WORTH, TX 76104		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **TECHNITIAN** Contributor's job title

Contributor's employer/law firm **ATT CO.** Law firm of contributor's spouse (if any)

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

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

FILED
 TARRANT COUNTY
 2014 OCT -6 PM 4:36
 STEVENSON
 ELECTIONS ADMINSTRATOR
 BY:

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

9-25

2 FILER NAME

PILAR CANOIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/1/14

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

CELINA VAZQUEZ

6 Contributor address; City; State; Zip Code

5000 FALL RIVER DR.
FORT WORTH TX 76103

7 Amount of contribution (\$)

60⁰⁰

8 In-kind contribution description (if applicable)

CHECK.

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

PROFESSOR.

10 Contributor's job title

11 Contributor's employer/law firm

TCC

12 Law firm of contributor's spouse (if any)

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

Date

8/1/14

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

JIMMY PRATTINI

Contributor address; City; State; Zip Code

265 PINILCO WAY SAGINAW
TX 76179

Amount of contribution (\$)

60⁰⁰

In-kind contribution description (if applicable)

CASH.

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

WATER TECHNICIAN

Contributor's job title

Contributor's employer/law firm

City of Arlington

Law firm of contributor's spouse (if any)

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

Date

8/1/14

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

WILLIAM GIRON

Contributor address; City; State; Zip Code

PO Box 164146
FORT WORTH, TX 76161

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

CREDIT CARD

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

CMP.

Contributor's job title

Contributor's employer/law firm

CMP

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FILED
 TARRANT COUNTY
 2014 OCT -6 PM 4:55
 ELECTIONS ADMINISTRATION

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

10-25

2 FILER NAME

PILAR CANOIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/1/14

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

DANNY LUEVANOS

6 Contributor address; City; State; Zip Code

900 NATISSE DR # 3024
FORT WORTH TX 76107

7 Amount of contribution (\$)

30.00

8 In-kind contribution description (if applicable)

CREDIT CARD

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

STORE MANAGER

10 Contributor's job title

11 Contributor's employer/law firm

COSTCO

12 Law firm of contributor's spouse (if any)

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

Date

8/1/14

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

MARCELA ENRIQUETA

Contributor address; City; State; Zip Code

2323 RIDGEMAR BLVD
FORT WORTH TX 76116

Amount of contribution (\$)

60.00

In-kind contribution description (if applicable)

CREDIT CARD

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

PROFESSIONAL

Contributor's job title

Contributor's employer/law firm

TEXAS HEALTH

Law firm of contributor's spouse (if any)

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

Date

8/1/14

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

MARIE COOPER HOFFMAN

Contributor address; City; State; Zip Code

2604 5TH AVE
FORT WORTH TX 76110

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

CREDIT CARD

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

TEACHER

Contributor's job title

Contributor's employer/law firm

FORT WORTH ISD

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FILED
 TARRANT COUNTY
 2014 OCT -6 PM 1:36
 ELECTIONS ADMINISTRATOR

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

11-25

2 FILER NAME

PILAR CANDIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

ALEJANDRO HOKILL

6 Contributor address; City; State; Zip Code

5025 LOCKE AVE
FORT WORTH, TX 76107

7 Amount of contribution (\$)

30.00

8 In-kind contribution description (if applicable)

CREDIT CARD

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Field Representative

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

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

Date

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

8/1/14

JERRY GLAZNER

Contributor address; City; State; Zip Code

1800 DAVID LN
FORT WORTH, TX 76112

Amount of contribution (\$)

30.00

In-kind contribution description (if applicable)

CREDIT CARDS

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

CIGNA

Law firm of contributor's spouse (if any)

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

Date

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

TARI BAUER

Contributor address; City; State; Zip Code

109 COLTS NECK CT.
COLLEVILLE TX 76034

Amount of contribution (\$)

60.00

In-kind contribution description (if applicable)

CREDIT CARDS

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

ACCOUNTANT

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FILED
TARRANT COUNTY
2014 OCT -6 PM 4:35
ELECTIONS ADMINISTRATOR

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):
12-25

2 FILER NAME **PILAR CANAIA** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 8/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) REBECA WILLIAMS	7 Amount of contribution (\$) 30 ⁰⁰	8 In-kind contribution description (if applicable) CREDIT CARD
6 Contributor address; City; State; Zip Code 5215 WILDQUEST DRIVE ARLINGTON TX 76107		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **RETIRED** 10 Contributor's job title

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

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

Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VERENICE BUSTILLOS	Amount of contribution (\$) 30 ⁰⁰	In-kind contribution description (if applicable) CREDIT CARD
Contributor address; City; State; Zip Code 9000 BEACON CT. FORT WORTH, TX 76140		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **PASTRY CHEF** Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

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

Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SANDRA GARCIA	Amount of contribution (\$) 30 ⁰⁰	In-kind contribution description (if applicable) CREDIT CARD
Contributor address; City; State; Zip Code 6200 PERSHING AVE #1 FORT WORTH TX 76116		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm **FORT WORTH ISD** Law firm of contributor's spouse (if any)

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

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TARRANT COUNTY
2014 OCT -6 PM 1:36
ELECTIONS ADMINISTRATION

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):
13-25

2 FILER NAME **PILAR CANDIA** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 8/1/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARTHA DURAN	7 Amount of contribution (\$) 30.00	8 In-kind contribution description (if applicable) CREDIT CARD
6 Contributor address; City; State; Zip Code 2614 LEE AVE. FORT WORTH, TX 76164		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **REAL ESTATE** 10 Contributor's job title
JURY

11 Contributor's employer/law firm **SIFI** 12 Law firm of contributor's spouse (if any)

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

Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SANDY RUSSELL	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable) CREDIT CARD
Contributor address; City; State; Zip Code 10336 SANMARON TRAIL FORT WORTH, TX 76140		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **TEACHER** Contributor's job title

Contributor's employer/law firm **CROWLEY ISA** Law firm of contributor's spouse (if any)

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

Date 8/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KEVIN SMITH	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable) CREDIT CARD
Contributor address; City; State; Zip Code 1717 CROOKER LN FORT WORTH, TX 76117		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

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

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 TRAVANTINITY
 2014 OCT -6 PM 1:33
 STATE ADMINISTRATOR
 ELECTRONIC ADMINISTRATOR

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):
14-25

2 FILER NAME

PILAR CANAIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/5/10

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

LEE WILLIAMS

6 Contributor address: City: State: Zip Code

**8105 MOUNT SHASTA CIRC.
FORT WORTH TX 76137**

7 Amount of contribution (\$)

200⁰⁰

8 In-kind contribution description (if applicable)

CHECK.

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

RETIRED

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

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

Date

8/27/10

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

EVA BONILLA

Contributor address: City: State: Zip Code

**3700 W. 6TH. STREET
FORT WORTH TX 76107**

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

CHECK.

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

RETIRED

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

8/29/10

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

SANDRA LEE

Contributor address: City: State: Zip Code

**624 WINTER WOODS DR
KENNEBALE, TX 76060**

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

CHECK

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

TRUANCY OFFICER

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FILED
TARRANT COUNTY
2010 OCT -6 PM 11:36
STEFANIE
ELECTIONS ADMINISTRATOR

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)
15-25

2 FILER NAME
PILAR CANSA.

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **9/6/14**
5 Full name of contributor: **KENSRA SHALK.**
 out-of-state PAC (ID# _____)
6 Contributor address: City: State: Zip Code
**2508 WEST BROOK AVE
FORT WORTH TX 76111**

7 Amount of contribution (\$): **40⁰⁰**
8 In-kind contribution description (if applicable):
@ REAIT CARD
(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation:
I-PROBREC.

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

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

Date: **9/10/14**
Full name of contributor: **ALAMEEL HOLDINGS**
 out-of-state PAC (ID# _____)
Contributor address: City: State: Zip Code
**5310 HARVEST HILL RD
DALLAS TX 75230**

Amount of contribution (\$): **5,000**
In-kind contribution description (if applicable):
CHECK
(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation:
N/A

Contributor's job title:
N/A

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date: **9/15/14**
Full name of contributor: **LINDA S PATTERSON**
 out-of-state PAC (ID# _____)
Contributor address: City: State: Zip Code
**4514 COLT DR.
ARLINGTON TX 76017**

Amount of contribution (\$): **75⁰⁰**
In-kind contribution description (if applicable):
CHECK.
(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation:
RETIRED

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

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

FILED
TARRANT COUNTY
2014 OCT -6 PM 1:36
SIEVEY
ELECTORIS ADMINISTRATION

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

16-25

2 FILER NAME

PILAR CANOIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/15/14

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

NORTH TARRANT DEMOCRATS

6 Contributor address: City; State; Zip Code

PO BOX 2134 KELLER TX
76244

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

CHECK

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

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

Date

9/19/14

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

ERIKA BELTRAN

Contributor address: City; State; Zip Code

2401 BENNETT AVE
FORT WORTH TX 75206

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

CHECK

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

LEADERSHIP EDUCATOR

Contributor's job title

Teacher

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

9/20/14

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

DAVID SALGADO

Contributor address: City; State; Zip Code

5501 HAMPSHIRE
FORT WORTH TX 76112

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

CREDIT CARD

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

MANAGER

Contributor's job title

Contributor's employer/law firm

LOS PASTORES

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FILED
TARRANT COUNTY
2014 OCT -6 PM 4:35
ELECTRICAL INSPECTOR

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

17-25

2 FILER NAME

PILAR CANOIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/30/14

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

ROGER ROCHA

6 Contributor address: City: State: Zip Code

803 McClelland Ave
Laredo TX 78040

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

CREDIT CARD

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

ROCHA PRIMARY CARE LLC

12 Law firm of contributor's spouse (if any)

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

Date

9/22/14

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

VERENICE BUSTILLOS

Contributor address: City: State: Zip Code

9000 BEACON CT.
FORT WORTH TX 76140

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

CREDIT CARD

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

CHEF

Contributor's job title

Contributor's employer/law firm

SUPER FOODS

Law firm of contributor's spouse (if any)

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

Date

9/23/14

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

TARRANT COUNTY STONE WALL

Contributor address: City: State: Zip Code

DEMOCRATS
PO BOX 12434 FW TX 76110

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

CREDIT CARD

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

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 TARRANT COUNTY
 2014 OCT -6 PM 4:30
 ELECTIONS ADMINISTRATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)
18-25

2 FILER NAME
PILAR CANDIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **9/23/14**
5 Full name of contributor: **SILVIA B. RICHARDS**
 out-of-state PAC (ID# _____)
6 Contributor address: City: State: Zip Code
**731 34TH ST. NE
CEDAR RAPIDS IA 52402.**

7 Amount of contribution (\$): **1000⁰⁰**
8 In-kind contribution description (if applicable): **CHECK.**

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation:
Multicultural Outpatient

10 Contributor's job title:
COUNCIL IN CEDAR RAPIDS

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

FILED
 TARRANT COUNTY
 2014 OCT -6 PM 4:56
 CITY CLERK
 ELECTIONS ADMINISTRATION
 RY:

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

FILED
TARRANT COUNTY

SCHEDULE A

The Instruction Guide explains how to complete this form.

2014 OCT -6 11:30
19-25

2 FILER NAME

PILAR CANDIA

STATE ELECTIONS ADMINISTRATOR

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/18/14

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

JAINIE VIELNA

6 Contributor address; City; State; Zip Code

9976 PEREGRINE TRL. FW 76108

7 Amount of contribution--(\$)

40⁰⁰

8 In-kind contribution description (if applicable)

CASH.

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

INSURANCE AGENT

10 Employer (See Instructions)

INSURANCE CO

Date

9/18/14

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

SERGIO DE LEON

Contributor address; City; State; Zip Code

4521 DIAZ AVE

Amount of contribution (\$)

40⁰⁰

In-kind contribution description (if applicable)

CASH

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/14

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

CAROL CAPPRA

Contributor address; City; State; Zip Code

5909 BLANCHARD DR.
F.W. TX 76131

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

CHECK.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

FORT WORTH ISD

Date

9/18/14

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

NANCY C. SOMMERMAN

Contributor address; City; State; Zip Code

1962 LIPSCOMB ST.
FORT WORTH, TX 76110

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

CHECK.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

9/18/14

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

MICHAEL CAMPBELL

Contributor address; City; State; Zip Code

5932 VILLAGE COURSE CIRC. APT. 925
F. WORT. TX 76119

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

CHECK.

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

FILED
TARRANT COUNTY

The Instruction Guide explains how to complete this form.

2014 OCT -6 PM 4:36

1 Total pages Schedule A:

28-25

2 FILER NAME

PILAR CANDIA

STEVE MURRIN
ELECTIONS ADMINISTRATOR

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/12/14

5 Full name of contributor

C. MOSS

out-of-state PAC (ID#)

7 Amount of contribution (\$)

25⁰⁰

8 In-kind contribution description (if applicable)

CHECK.

6 Contributor address: City: State: Zip Code

5625 EISENHOWER DR.
FORT WORTH, TX 76112

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

FWISD Trustee

10 Employer (See Instructions)

Date

9/18/14

Full name of contributor

SARA MARTINEZ.

out-of-state PAC (ID#)

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

CHECK.

Contributor address: City: State: Zip Code

1310 COOKRELL HILL RD. APT. 436
DALLAS, TX 75211

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/14

Full name of contributor

CHRIS TURNER CAMPAIGN

out-of-state PAC (ID#)

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

CHECK.

Contributor address: City: State: Zip Code

PO BOX 182093
ARLINGTON TX 76096

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/14

Full name of contributor

STEVE MURRIN JR.

out-of-state PAC (ID#)

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

CHECK.

Contributor address: City: State: Zip Code

500 NG. 23RD ST.
FORT WORTH, TX 76164

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/14

Full name of contributor

Texas Democratic Party

out-of-state PAC (ID#)

Amount of contribution (\$)

\$1250.00

In-kind contribution description (if applicable)

In kind
Texas VAN

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

FILED
TARRANT COUNTY

The Instruction Guide explains how to complete this form

1 Total pages Schedule A:
21-25

2 FILER NAME

Text Pilar Candia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/18/14

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

North Tarrant Democrats

6 Contributor address; City; State; Zip Code

PO Box 2134
Keller, TX 76244

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(Check)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/18/14

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

CLaire WOOD

Contributor address; City; State; Zip Code

3428 WATSON FW TX

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

C. CARD

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/14

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

Alejandro HUKILL ABIAS

Contributor address; City; State; Zip Code

5625 LOCKE AVE

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

C. CARD

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MARK VEASEY

Date

9/18/14

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

Damon Gardner

Contributor address; City; State; Zip Code

2225 DENVER DR

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

C. CARD

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FORT WORTH RP

Date

9/19/14

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

SERGIO CANU

Contributor address; City; State; Zip Code

5310 HARVEST HILL
DALLAS, TX 75230

Amount of contribution (\$)

\$30

In-kind contribution description (if applicable)

CHECK

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

DAVID ALAMEEL CAMPAIGN

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

FILED
TARRANT COUNTY
2014 OCT -6 PM 1:31

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
22-25

2 FILER NAME

PILAR CANDIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/18/14

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

SALVADOR ESPINO

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

CREDIT CARD

6 Contributor address; City; State; Zip Code

**1205 N. MAIN ST.
F. WORT TX 76164**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

ATTORNEY

10 Employer (See Instructions)

Date

9/18/14

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

VICTOR ESPINO

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

C. CARD

Contributor address; City; State; Zip Code

2017 CHESNOT. F.W 76106

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

9/18/14

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

BRIAN RENTERIA

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

C. CARD

Contributor address; City; State; Zip Code

**2312 GOLDEN ROAD AVE
F.W. TX 76111**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FORT WORTH ISO

Date

9/18/14

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

EMERICO PEREZ

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

C. CARD

Contributor address; City; State; Zip Code

**7425 EWING AVE
FORT WORTH TX**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ATT. P.D.

Employer (See Instructions)

Date

9/18/14

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

MICHAEL CAMPBELL

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

CHECK.

Contributor address; City; State; Zip Code

**5732 VILLAGE COURSE
FORT WORTH TX 76112**

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

FILED
TARRANT COUNTY
2014 OCT -6 PM 1:37

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 23-25	
2 FILER NAME: PILAR CANOIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 9/18/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____): MARK GREENE	7 Amount of contribution (\$): 30.00	8 In-kind contribution description (if applicable): CASH.
6 Contributor address; City; State; Zip Code: 5912 WOODWAY DR. FORT WORTH TX 76133		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date: 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____): JOSE SANCHEZ	Amount of contribution (\$): 25.00	In-kind contribution description (if applicable): CASH.
Contributor address; City; State; Zip Code: 4109 FRAZIER AVE FORT WORTH TX 76115		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions): TEXAS HEALTH	
Date: 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____): CAROLIN CULLUM.	Amount of contribution (\$): 25.00	In-kind contribution description (if applicable):
Contributor address; City; State; Zip Code: 5709 TRAILS EDGE CT. ARLINGTON TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date: 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____): TINA MANGESS	Amount of contribution (\$): 100.00	In-kind contribution description (if applicable): CASH.
Contributor address; City; State; Zip Code: 615 NE Mc Hister Rd. BURLESON, TX 76028		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions): TX HEALTH HUGLEY	
Date: 9/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____): ERICKA ESTRADA,	Amount of contribution (\$): 20.00	In-kind contribution description (if applicable): CASH.
Contributor address; City; State; Zip Code: 7816 CHANTRELLE Lnw. FORT WORTH TX 76134		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions): FORT WORTH CHAMBER.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

FILED
TARRANT COUNTY

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

24-25

2 FILER NAME

PILAR CANAYA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/18/14

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

ARACELY CHAVEZ

6 Contributor address: City: State: Zip Code

6920 WICKS TRL.
FORT WORTH, TX 76133

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

CHECK.

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

FORT WORTH ISD

Date

9/18/14

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

JOSE ROHERO

Contributor address: City: State: Zip Code

2501 MITCHELL BLVD.

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

CHECK.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

FORT WORTH ISD

Date

9/18/14

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

FELIPE A. GUTIERREZ

Contributor address: City: State: Zip Code

429 COLLEGE AVE UNIT 419
F. WORTH TX 76104

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

CHECK.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATT CO.

Date

9/18/14

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

CAROLINE M DULLE

Contributor address: City: State: Zip Code

1217 CLOVER LN.
F. WORTH, TX 76107

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

CHECK

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

9/18/14

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

MARTHA CARSENAS

Contributor address: City: State: Zip Code

2614 LEE AVE
FORT WORTH, TX 76164

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

CHECK

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RESIDENTIAL CREDIT SOLUTIONS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 25-25	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

FILED
 OCT - 6 PM 4:31
 SECRETARY OF STATE
 STATE OF TEXAS

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **33-33** 2 FILER NAME: **Pillar Candia** 3 ACCOUNT # (Ethics Commission Filers):

4 Date: 5 Payee name:

6 Amount (\$): 7 Payee address; City; State; Zip Code:

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): (b) Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **9/24/14** Payee name: **Singrocket.com.**

Amount (\$): **1,455** Payee address; City; State; Zip Code: **340 Broadway Ave, St Paul MN 55021**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Advertising Expense** Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **9/24/14** Payee name: **Olivia Stribing.**

Amount (\$): **130.00** Payee address; City; State; Zip Code: **9000 Bantage Apt. 226 Dallas TX 75243**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Consulting Expense** Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **9/22/14** Payee name: **PHO HUNG I**

Amount (\$): **49.98** Payee address; City; State; Zip Code: **4125 E. Belknap St. #107 Haltom City 76111**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Food/Beverage Expens.** Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 32-33		2 FILER NAME Pilar Candia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (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				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (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				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (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				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (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	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 31-33		2 FILER NAME Pilar Cardia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name POSTCO			
6 Amount (\$)		7 Payee address; City; State; Zip Code 8900 Tahama Ridge Pkwy, Fort Worth TX 76177			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule); EVENT EXPENSE		(b) Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name		Office sought		Office held
Date 9/22/14	Payee name POSTCO				
Amount (\$) 259.12	Payee address; City; State; Zip Code 8900 Tahama Ridge Pkwy, Fort Worth TX 76177				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule); EVENT EXPENSE		Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Date 9/20/14	Payee name COSTCO				
Amount (\$) 54.10	Payee address; City; State; Zip Code 8900 Tahama Ridge Pkwy, Fort Worth TX 76177				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule); FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Date 9/22/14	Payee name TARGET				
Amount (\$) 55.64	Payee address; City; State; Zip Code 301 Ogilby St, Fort Worth TX 76107				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule); OFFICE EXPENSE		Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Printing Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 30-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/14	Payee name WALMART
------------------------	------------------------------

Amount (\$) 36.71	Payee address; City; State; Zip Code 3851 AIRPORT FWY FORT WORTH, TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/14	Payee name TACO CABANA
------------------------	----------------------------------

Amount (\$) 66.41	Payee address; City; State; Zip Code 801 N. BEACH ST. FORT WORTH TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE	Description (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
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Date 9/22/14	Payee name WALMART
------------------------	------------------------------

Amount (\$) 171.25	Payee address; City; State; Zip Code 3851 AIRPORT FWY FORT WORTH TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 29-33	2 FILER NAME Pilar Condis	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/14	Payee name FAMILY DOLLAR.
------------------------	-------------------------------------

Amount (\$) 17.05	Payee address; City; State; Zip Code 2000 N. RIVERSIDE DR. FORT WORTH TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/14	Payee name LITTLE CESAR
------------------------	-----------------------------------

Amount (\$) 24.81	Payee address; City; State; Zip Code 3869 MAURICE AVE FORT WORTH TX 76111.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREUAGE.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/14	Payee name FAMILY DOLLAR.
------------------------	-------------------------------------

Amount (\$) 36.68	Payee address; City; State; Zip Code 2000 RIVERSIDE DR. FORT WORTH TX 76111.
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 28-33	2 FILER NAME Dilar Candia	3 ACCOUNT # (Ethics Commission Filers) RY ELECTIONS ADMINISTRATION 2014 OCT -6 PM 1:31 TARRANT COUNTY FILED
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4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/19/14	Payee name THE BIRD CAFE
------------------------	------------------------------------

Amount (\$) 500⁰⁰	Payee address; City; State; Zip Code 155 E 4TH ST. FORT WORTH TX 76102.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/14	Payee name WALGREENS
------------------------	--------------------------------

Amount (\$) 7.19	Payee address; City; State; Zip Code 3809 E. BELKNAP ST. FORT WORTH TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/14	Payee name ATI. CO
------------------------	------------------------------

Amount (\$) 11.37	Payee address; City; State; Zip Code PO BOX 537104 ATLANTA, GA 30353
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (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
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 27-33	2 FILER NAME Pilar Candia	3 ACCOUNTY (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address, City; State; Zip Code
---------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/16/14	Payee name KWIK MART FOOD
------------------------	-------------------------------------

Amount (\$) 69.05	Payee address, City; State; Zip Code 2525 E BELKNAP ST F. WORTH. 76111.
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	EVENT EXPENSE	<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
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Date 9/19/14	Payee name AMAZON.COM
------------------------	---------------------------------

Amount (\$) 32.99	Payee address, City; State; Zip Code 333 BURNING, SEATTLE WA. 98104
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	OFFICE EXPENSE	<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
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Date 9/19/14	Payee name MOREY LUMBER.
------------------------	------------------------------------

Amount (\$) 45.41	Payee address, City; State; Zip Code 3321 28TH ST. FORT WORTH TX 76111
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	OFFICE EXPENSE	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 25-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

9 Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 25-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-12-14	Payee name TRAC TRACK GAS STATION
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Amount (\$) 77.48	Payee address; City; State; Zip Code 1101 HEMPHILL ST FORT WORTH TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/14	Payee name TACO BELL
------------------------	--------------------------------

Amount (\$) 28.10	Payee address; City; State; Zip Code 2301 N. BEACH ST. FORT WORTH TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREWAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/14	Payee name MONICA MALDONADO
------------------------	---------------------------------------

Amount (\$) 200.00	Payee address; City; State; Zip Code 917 WINNIE DR FORT WORTH, TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
24 + 33	Pilar Candis	
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/10/14	HOME DEPOT.	
Amount (\$)	Payee address; City; State; Zip Code	
382.85	133 SYCAMORE SCHOOL RD. 76137.	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	OFFICE EXPENSE	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/11/14	OLIVIA STRIBING	
Amount (\$)	Payee address; City; State; Zip Code	
60.00	DALLAS TX 75243 9000 BANTAGE POINT AP. 226	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	CONSULTING EXPENSE	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/12/14	RACE TRACK. GAS STATION	
Amount (\$)	Payee address; City; State; Zip Code	
61.75	1101 HEMPHILL ST. FORT WORTH, TX 76111	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	TRANSPORTATION EXPENSE	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 23-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/9/14	Payee name OFFICE DEPOT.
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Amount (\$) 21.64	Payee address: City; State; Zip Code 401 CARD ST FORT WORTH TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/9/14	Payee name HOME DEPOT.
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Amount (\$) 167.01	Payee address: City; State; Zip Code 7950 I-35 FREEWAY FORT WORTH TX 76134
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/9/14	Payee name HOME DEPOT.
-----------------------	----------------------------------

Amount (\$) 32.43	Payee address: City; State; Zip Code 7950 I-35 FWAY. FORT WORTH TX 76134
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSES	Description (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
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 22-33	2 FILER NAME Polar Candies	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/8/14	Payee name AT&T CO
-----------------------	----------------------------------

Amount (\$) 120.00	Payee address; City; State; Zip Code PO BOX 537104 ATLANTA, GA 30353
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/8/14	Payee name WAL MART
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Amount (\$) 218.21	Payee address; City; State; Zip Code 3851 AIRPORT FREEWAY FORT WORTH 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/8/14	Payee name ANN ZADEN
-----------------------	--------------------------------

Amount (\$) 50.00	Payee address; City; State; Zip Code 3408 HARSWAY FORT WORTH, 76109
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLITICAL CONTRIBUTION	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 21-33		2 FILER NAME Pilar Cand...		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/5/14		Payee name RAQUEL GOCHI			
Amount (\$) 180.00		Payee address; City; State; Zip Code 5041 TRAYAL DR. FORT WORTH. 76116			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRACT LABOR.		Description (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 9/8/14		Payee name DONA CARMEN POPUSERIA			
Amount (\$) 89.00		Payee address; City; State; Zip Code 1712 N SYLVANIA AVE FORT WORTH TX 76111			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (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 9/8/14		Payee name WAL MART			
Amount (\$) 61.80		Payee address; City; State; Zip Code 3851 AIRPORT FWY FORT WORTH TX 76111			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BREUAGE		Description (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	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Printing Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 26-33	2 FILER NAME Piler Candis	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/3/14	Payee name BOOMERJACKS GRILL
-----------------------	--

Amount (\$) 42.17	Payee address; City; State; Zip Code 1112 NE 28TH STREET. FORT WORTH TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREVAE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/3/14	Payee name ACADEMY LTD
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Amount (\$) 90.90	Payee address; City; State; Zip Code 7441 NE LOD 820 N. RICHLAND HILLS 76180
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/8/14	Payee name 7-ELEVEN SHEEL OIL
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Amount (\$) 67.04	Payee address; City; State; Zip Code 2800 28TH ST FORT WORTH TX 76106
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 19-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/14	Payee name DONUT PLACE
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Amount (\$) \$30.23	Payee address: City; State; Zip Code 2800 NE 28TH STREET. 76111.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREUVAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/14	Payee name TACO CABANA
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Amount (\$) 93.05	Payee address: City; State; Zip Code 201 H. BEACH ST. FORT WORTH TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREUVAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/14	Payee name DILAR CANDIA
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Amount (\$) 140.00	Payee address: City; State; Zip Code 2610 GOLDENROD AVE FW, 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REIMBURSEMENT TRANSPORTATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 18-33	2 FILER NAME Polar Cand.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY 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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/14	Payee name CASH - ATM WITHDRAWAL (VARIOUS)
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Amount (\$) 103.00	Payee address; City; State; Zip Code 3809 BELKNAP FORT WORTH, TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/14	Payee name WALGREEN'S
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Amount (\$) 26.44	Payee address; City; State; Zip Code 3809 BELKNAP ST FORT WORTH, TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 17-33	2 FILER NAME Pilou Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/27/14	Payee name QUICK TRIP GAS STATION
------------------------	---

Amount (\$) 66.09	Payee address; City; State; Zip Code 1101 HEMPHILL ST. FORT WORTH TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/29/14	Payee name PHO HUNG
------------------------	-------------------------------

Amount (\$) 46.65	Payee address; City; State; Zip Code 4125 BELKNAP HALTOM CITY 76119.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE	Description (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
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Date 8/29/14	Payee name TEXAS DEMOCRATIC PARTY
------------------------	---

Amount (\$) 350⁰²	Payee address; City; State; Zip Code 4818 E. BEN WHITE BLVD STE 104 AUSTIN TX 78741
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution Donation	Description (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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 16-37	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-25-14	Payee name WAL-MART
------------------------	-------------------------------

Amount (\$) 26.22	Payee address; City; State; Zip Code 3851 AIRPORT FREGWAY FORT WORTH TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description (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
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Date 8-25-14	Payee name WING STOP
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Amount (\$) 41.02	Payee address; City; State; Zip Code 237 NE 28TH STREET FORT WORTH TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description (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
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Date 8/28/14	Payee name FACEBOOK.COM
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Amount (\$) 50.06	Payee address; City; State; Zip Code WEB PAGE
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (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
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 15-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name AMAZON.COM
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Amount (\$) 59.34	Payee address: City; State; Zip Code 333 BROWN AVE, SEATTLE WA. 98106
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/20/14	Payee name ARTSPACE
------------------------	-------------------------------

Amount (\$) 175.00	Payee address: City; State; Zip Code 111 HAMPTON ST FORT WORTH TX 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/21/14	Payee name 7-ELEVEN GAS STATION
------------------------	---

Amount (\$) 75.55	Payee address: City; State; Zip Code 2800 W. 28TH. ST. FORT WORTH, TX 76106
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (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
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>14-33</i>		2 FILER NAME <i>Pilar Candis</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/18-14</i>		Payee name <i>Q-TRIP (GAS STATION)</i>			
Amount (\$) <i>50.00</i>		Payee address; City; State; Zip Code <i>7541 N. RICHLAND BLVD. 76176 TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>TRANSPORTATION EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/19/11</i>		Payee name <i>TACO CASA</i>			
Amount (\$) <i>18.08</i>		Payee address; City; State; Zip Code <i>808 N. BEACH ST. FORT WORTH TX 76111</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>FOOD / BEVERAGE</i>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/19/14</i>		Payee name <i>WALGREENS</i>			
Amount (\$) <i>67.36</i>		Payee address; City; State; Zip Code <i>3809 BELKNAP ST. FORT WORTH. TX 76111</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>OTHER.</i>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 13-33	2 FILER NAME Pilar Cardia	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address, City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 8/15/11	Payee name FRANKIE'S DICE	
Amount (\$) 23.58	Payee address, City, State, Zip Code 501 CARROLL ST. FORT WORTH, TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREVAGE.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 8/15/11	Payee name Q-TRIP NORTH SIDE	
Amount (\$) 68.57	Payee address, City, State, Zip Code 109 NORTHSIDE RIVE. FORT WORTH, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPEN	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 8/16/11	Payee name Dos MOLINAS	
Amount (\$) 49.54	Payee address, City, State, Zip Code 401 NW 25TH ST FORT WORTH, TX 76164	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREVAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 12-33	2 FILER NAME: Pilar Cardia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T)
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/13/14	Payee name SHELL STATION
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Amount (\$) 40.03	Payee address, City, State, Zip Code 12103 WEBB CHAMBER FARMERS BRANCH. 75234
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (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
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Date 8/13/14	Payee name ALBERTSONS SAGINA W.
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Amount (\$) 17.96	Payee address, City, State, Zip Code 9300 PLIFFORD ST. FORT WORTH, TX. 76108
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREVAE	Description (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
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Date 8/15/14	Payee name FRANKIE'S D'S ICE.
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Amount (\$) 39.39	Payee address, City, State, Zip Code FORT WORTH, TX.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREVAE	Description (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
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 11-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/8/14	Payee name SHELL GAS STATION	
Amount (\$) 68-70	Payee address; City; State; Zip Code 12103 WEBB-CHAPEL FARMERS BRANCH 75834	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/11/14	Payee name 7 ELEVEN	
Amount (\$) 35.25	Payee address; City; State; Zip Code 1401 W. 7TH SUMMIT AVE FORT WORTH, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/12/14	Payee name DEMOCRATIC PARTY	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code 4818 BEN WHITE BLVD 104 AUSTIN, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION POLITICAL COMMITTEE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

FILED
 2014 OCT 10 AM 10:31
 ELECTIONS DIVISION
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/6/14	Payee name GOODBY.COM
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Amount (\$) 8.19	Payee address; City; State; Zip Code WEB PAGE
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/18/14	Payee name GLORIA HOUSE CLINING
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Amount (\$) 100.00	Payee address; City; State; Zip Code 7217 WINDER RD. NORTH RICHLAND HILLS 76080
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/7/14	Payee name EL REGIO
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Amount (\$) 28.13	Payee address; City; State; Zip Code 715 N. RIVERSIDE FORT WORTH 76111.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREUAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Printing Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 9-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/4/14	Payee name Fuzzy's TACO
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Amount (\$) 17.70	Payee address: City: State: Zip Code 2719 RACE ST FORT WORTH TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREVAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/4/14	Payee name DON CROZ SEAFOOD
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Amount (\$) 99.33	Payee address: City: State: Zip Code 3155 DENTON HWY HALTOM CITY TX 76117
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREVAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/4/14	Payee name BACARDIA BAR
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Amount (\$) 615.60	Payee address: City: State: Zip Code 816 MATISSE FORT WORTH. 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/31/14	Payee name MOREY LUMBER & HDQ.
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Amount (\$) 10.33	Payee address, City, State Zip Code 28TH. 3001 ST. FORT WORTH 76114
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER.	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name CITY OF FORT WORTH.
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Amount (\$) 80.00	Payee address, City, State Zip Code 1000 THROCKMORTON ST. 76108
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE FEE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/1/14	Payee name STAPLESS
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Amount (\$) 39.45	Payee address, City, State Zip Code 1600 SOUTH UNIVERSITY DR. - FORT WORTH TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 7-33	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-22/14	Payee name WILD SUCHI
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Amount (\$) 62.01	Payee address, City, State, Zip Code 4836 WESTERN CENTRAL FW 76137
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BREVAE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/30/14	Payee name Raqueel Gochi
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Amount (\$) 150.00	Payee address, City, State, Zip Code 5041 ROYAL DR. FORT WORTH TX 76116
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/30/14	Payee name LUZ ROMERO
------------------------	---------------------------------

Amount (\$) 370.00	Payee address, City, State, Zip Code 8208 DYNASTY DR. FORT WORTH TX. 7623
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>6-33</i>		2 FILER NAME <i>Pilar Candia</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
<i>7/22/14</i>	<i>YUCATAN TACO</i>				
Amount (\$)	Payee address; City; State; Zip Code				
<i>54.50</i>	<i>909 MAGNOLIA AVENUE FORT WORTH 76107</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
	<i>FOOD/BEVERAGE</i>		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
<i>7/23/14</i>	<i>STAPLES</i>				
Amount (\$)	Payee address; City; State; Zip Code				
<i>108.78</i>	<i>1600 SOUTH UNIVERSITY DR. F. WORTH. 76107</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
	<i>ADVERTISING EXPENSE</i>		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
<i>7/24/88</i>	<i>Limo Studio Photo Video Amazon</i>				
Amount (\$)	Payee address; City; State; Zip Code				
<i>50.88</i>	<i>WEBSITE.</i>				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
	<i>Printing Expense.</i>		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY 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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers) BY: ELECTIONS ADMINISTRATION 2011 OCT -6 PM 11:33
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/11/14	Payee name SOUTHWEST BANK
------------------------	-------------------------------------

Amount (\$) 15.00	Payee address; City; State; Zip Code 306 W. 7th. St. 504. F. WORTH TX 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) F. Accounting Bank fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/18/14	Payee name DEL FRISCO'S GRILLE
------------------------	--

Amount (\$) 66.25	Payee address; City; State; Zip Code 154 THIRD ST. F. WORTH - 76102.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/21/14	Payee name SHELL
------------------------	----------------------------

Amount (\$) 21.65	Payee address; City; State; Zip Code 2000 N. RIVERSIDE F.W. TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3-33	2 FILER NAME Pilar Candia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/9/14	Payee name WALGREENS
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Amount (\$) 30.55	Payee address; City; State; Zip Code 4268 E BELKNAP ST FW, TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/10/14	Payee name CHADERON GROUP.
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Amount (\$) 1,324.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/11/14	Payee name FEDEX
------------------------	----------------------------

Amount (\$) 34.25	Payee address; City; State; Zip Code 6020 CAMP BOWIE BLVD FW 76116
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2-33		2 FILER NAME Pilar Candia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address: City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)		
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
7/7/14	AMAZON . COY				
Amount (\$)	Payee address: City: State: Zip Code				
154.95	AMAZON				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
	Office Expense		<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				
7/7/14	PILAR CANDIA.				
Amount (\$)	Payee address: City: State: Zip Code				
169.14	2410 GOLDEN ROAD. AVE FORT WORTH TX 76111				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
	REIMBURSEMENT (EXPENSES)		<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				
7/8/14	Raqueel Gochi				
Amount (\$)	Payee address: City: State: Zip Code				
100.00	5041 ROYAL DR. FORT WORTH TX 76116				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
	CONTRACT LABOR		<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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1-33	2 FILER NAME PILAR CANDIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	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)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/1/14	Payee name EMBASSY SUITES
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Amount (\$) 148.68	Payee address: City: State: Zip Code 1331 NORTH CENTRAL EXPRESS WY DALLAS 75220
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL OUT DISTRICT	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/7/14	Payee name QUICKTRIP
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Amount (\$) 73.04	Payee address: City: State: Zip Code 2321 N BEACH ST. HALTOM CITY 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/7/14	Payee name POOPER'S BBQ FORT WORTH
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Amount (\$) 80.77	Payee address: City: State: Zip Code 301 STOCKYARDS BLVD F. WORTH, TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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