JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete this fo	rm. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	MG DIV		Date Received	
NAME	NICKNAME LAST	SUFFIX		
	A .	33.15.		
	Candia			
4 CANDIDATE /	ADDRESS / POROX: APT / SHITE #:	CITY: STATE; ZIP CODE	39 F71	
OFFICEHOLDER		Tx 76///	PY: E 20	
MAILING ADDRESS		7///	Date Hand-defivered or Postmarked	
change of address			Receipt # S Amount 3	
		NSION		
5 CANDIDATE/ OFFICEHOLDER		Noion	and coested	
PHONE				
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged	
TREASURER NAME	Mr. Felipe		ं हे स्व	
	NICKNAME LAST	SUFFIX		
	Gutierrez			
	OUTITITE Z			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE#; CITY; STATE;	ZIP CODE	
ADDRESS				
(residence or business)				
	AREA CORE	EXTENSION		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
PHONE				
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign	
			treasurer appointment (officeholder only)	
	July 15 8th day before ele		Final report (Attach C/OH - FR)	
		limit		
10 PERIOD	Month Day Year	Month Day	Year	
COVERED		ough 09/25/		
	07/01/2014	09 / 25 /	2014	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year			
	11 /04 /2614 Primary	Runoff	General Special	
	11 / 04 / 2014			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Tixenture of	the Prace	
		505,100		
		Precinct.	the Prace	
	GO TO	PAGE 2		

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	Day O	15 AC	CCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICEH	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL EXPENDITURES MADE BY POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	OR OFFICEHOLDER'S KNOWLEDGE OR			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
			FIL OCT - SIEST			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	S PH			
		POLITICAL CONTRIBUTIONS 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	\$12,955.00			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY REPORTING PERIOD	\$8,884			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$			
18 AFFIDAVIT		I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.				
Notary P	NE BOSS ANDERSON ublic, State of Texas mmission Expires omber 01, 2015	(Clark)	te or Officeholder			
AFFIX NOTARY STA						
1		me, by the said Main Au Plan 20 14 , to certify which, witness my h	, this the and and seal of office.			
Signature of officer adm		Print name of officer administering oath Title	Jolay Publica of officer administering oath			
Signature of Officer adm	minetering datit	Frankriame of onicer administering datit	or omeer administering cath			

P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	PILAR CANDIA			
4 Date	5 Full name of contributorout-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
	Tareant County Denoclatic CLUB 6 Contributor address; City; State; Zip Code	womans	contribution (\$)	description(if applicable)
7/10/14	6 Contributor address; City; State; Zip Code		\$200.00	
	DO BOX 47 HBI FORT WORTH	76147	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job		
11 Contributor's er	molecular firm	12 Law firm of contri	hutor's engues (if any	/)
TT CONTIDUTORS EN	mployer/iaw iiim	12 Law III Tor Contin	butor s spouse (ii arr)	()
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
	Promon ROM-CRO		contribution (\$)	description(if applicable)
7128114	Pamon ROM-CRO Contributor address; City; State; Zip Code			
11201	1201 F MODOX		\$200.00	
	2201 F. MADDOX FORT WORTH ITEXAS	76104	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
Contributor's e	SELF EMPLOYED mployer/law firm	DW Ne (butor's spouse (if any	/)
OOM INDUCTION OF	5e 10			,,
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
01, 11,	Contributor address; City; State; Zip Code			
8/1/14	Contributor address; City; State; Zip Code		\$230.00	
	1800 DEVID LANE FORT WO	HTAC		TAR
	76	112	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	<u> </u>	Editor .
	pical equipment sales	Adnin		
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	
If contributor is	s a child, law firm of parent(s) (if any)			
				1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J): 2-25
2 FILER NAME	Price Candia		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
8/1/19	Salvador Espino 6 Contributor address; City; State; Zip Code 1705 NORTH Main		\$350.∞
	FORT WORTH, 76164		(If travel outside of Texas, complete Schedule T)
	rincipal occupation ATTORNEY	10 Contributor's job	
11 Contributor's er	mployer/law firm OF SOL ESPINO	12 Law firm of contri	ibutor's spouse (if any)
	a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#		Amount of In-kind contribution contribution (\$) description(if applicable)
8[1]14	Contributor address; City; State; Zip Code 918 N Blue Duail C 612NDBURY, Text	T W 76049	\$ 20.00
Contributor's p	rincipal occupation	Contributor's job	(If travel outside of Texas, complete Schedule T) title
Contributor's er	ome Health cole	Law firm of contri	ibutor's spouse (if any)
	e n (om Pass a child, law firm of parent(s) (if any)		***
81,114	Full name of contributorout-of-state PAC (ID#: DL. J1		Amount of In-kind contribution contribution (\$) description(if applicable)
	2306 stone BeiDEE D		\$ 200.00
	arlington, TX	Y	(If travel outside of Texas, complete Schedule T)
Contributor's p	rincipal occupation CID MINISTRATION	Contributor's job	title
Contributor's e	mployer/law firm and Hospital	Law firm of contri	ibutor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		ZUIII ELEC BY:
If cont	ATTACH ADDITIONAL COPIES C tributor is out-of-state PAC, please see instr		TIGHS AND THE COLUMN
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P.O. Box 12070

		1	,	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):	
2 FILER NAME	Pilar Candia		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
8/1/14	NORMAN LEE 6 Contributor address; City; State: Zip Code 2704 BRIAR BROOK COURT	17 N 17(2) 76,006	\$60.00	of Texas, complete Schedule T)
- '-	rincipal occupation (NIC CITIST	10 Contributor's job	title	
11 Contributor's er	mployer/law firm SELF- EMPLOYED	12 Law firm of contril	butor's spouse (if an	у)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
8/1/14	Malia Jualez Contributor address; City; State; Zip Code 3557 PCCOS ST FO	et worth	\$45.00	
	3552 VEWS 31 10	76119		of Texas, complete Schedule T)
Contributor's p	rincipal occupation CHCF	Chef	title	
Contributor's e	mployer/law firm 509ex 0	Law firm of contri	butor's spouse (if an	у)
If contributor is	a child, law firm of parent(s) (if any)			
8 1 14	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
-44 -	2340 LINDU LN FOR 76119	T WORTH, TX	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation SOCCER TRAINCR	Contributor's job	title	
Contributor's employer/law firm Law firm of contributor's spouse (if a second contributor's spouse).			butor's spouse (if an	
If contributor is a child, law firm of parent(s) (if any)				
lf con	ATTACH ADDITIONAL COPIES (tributor is out-of-state PAC, please see instr			ng requirements.

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J): 4-25
2 FILER NAME	Picae CANDICI		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
8/11/19	6 Contributor address; City; State; Zip Code U521 DICR ave FORT WORTH	TX 7610}	\$ 30.06	of Texas, complete Schedule T)
	orincipal occupation OSTICE OF THE PRACE employer/law firm	10 Contributor's job to Tuded 12 Law firm of contrib	itle	
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
811/14	2744 Stn ave Tort war 76112	rt , 1exas	\$40.00	of Texas, complete Schedule T)
Contributor's p	principal occupation ATTOR NCY	Contributor's job	· · · · · · · · · · · · · · · · · · ·	or loxas, complete deficación ly
	employer/law firm	Law firm of contril	outor's spouse (if an	у)
If contributor is	s a child, law firm of parent(s) (if any)		AND	
Date	Full name of contributorout-of-state PAC (ID#: Puber 60 PC1 Q Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description(if applicable)
8) 1) 19	USO9 ODESSA ave FOR	r weeth,	\$60.00	of Texas, complete Schedule T)
Contributor's p	orincipal occupation (10n5): USL-C	Contributor's job		
Plean	employer/law firm T 5 Tallant County	Law firm of contri	butor's spouse (if an	20 TERRO
If contributor i	s a child, law firm of parent(s) (if any)		\(\frac{1}{2}\)	POT -6 P
If con	ATTACH ADDITIONAL COPIES (atributor is out-of-state PAC, please see instr			ng requirements.

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(J): 5-25	
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
P	lar Candia			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
61.1	David GRONDG 6 Contributor address; City; State; Zip Code		contribution (\$)	description(if applicable)
8/1/14			\$30.00	1
	2413 PRESIDENTIAL			in the second of the second
	CLEBUSTE TEXAS	76031	(If travel outside	of Texas, complete Schedule T)
) Contributor's p	rincipal occupation TEUCHER	10 Contributor's job	title	
1 Contributor's e	mployer, law firm	12 Law firm of contri	butor's spouse (if an	y)
3 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
N1 . 1	Glen Lynn hoema	\cap	Contribution (4)	description(ii applicable)
8/1/19	GLEN LYNN NORMA Contributor address; City; State; Zip Code	. 	\$30.00	
	4808 SICENT RIDGE		3 30.00	
	FORT WORTH, T	× 76132	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	y)
If an about the same in	Josens 69m			
if contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
01.1.	RICURDO (GADOZA		contribution (\$)	description(if applicable)
8/1/14	Contributor address; City; State; Zip Code		\$30.00	}
	2201 60015 ave	V(1611		1
	FORT WORTH, TX	761 04	(If travel outside	i . e of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title 17	· ~
0 1 1 1	26165	Schs	butor's spouse (if ar	
Contributors e	mployer/law firm SPLつて	Law firm of contri		
If contributor is	a child, law firm of parent(s) (if any)			
				manufacture control of the control o
	ATTAOLI ADDITIONAL CODITO	DE TURO OCCUEDA "	AS NEEDED	% ⊙
If con	ATTACH ADDITIONAL COPIES (tributor is out-of-state PAC, please see instr			na requirements
11 0011	induter is out-or-state they please see mate	action galaction a		

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The Instruction Guide explains how	to complete this form.		
	6-2)	6-25	
PILAR CA	3 ACCOUNT # (Ethics Commission File	rs)	
Date 5 Full name of contributor MICHAEL	-of-state PAC (ID#) 7 Amount of 8 In-kind contr		
8/1/14 6 Contributor address; City;	State; Zip Code 100 CHECK.		
	75 2 0 6 (If travel outside of Texas, complete So	chedule T)	
Contributor's principal occupation	10 Contributor's job title		
Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			
	Of-state PAC (ID#) Amount of contribution (\$) description (if applications)		
8/1/14 Contributor address; City, 3905 MORECC	State; Zip Code 3000 (4511.		
	TX 76/33 (If travel outside of Texas, complete So	hedule T)	
Contributor's principal occupation	Contributor's job title	7,000,0	
SELF EMPLOEE	SRLES'		
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)			
	Amount of contribution (\$) Amount of contribution (\$) According to the contribution (\$)		
8/1/10 Contributor address: City; 8500 W HARS WELL HILLS 76/80			
Contributor's principal occupation	(If travel outside of Texas, complete So	chedule 1)	
LAW ASSOCIATE	Clerica (
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	-1	
If contributor is a child, law firm of parent(s) (if any)	ST S	70 90	
	DNAL COPIES OF THIS SCHEDULE AS NEEDED		

The Instruction Guide explains how to complete the	his form.	1 Total pages Sch	edule A(J):
2 FILER NAME		thics Commission Filers)	
4 Date 5 Full name of contributorlout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
8/1/14 JOSE ROMERO 6 Contributor address; City; State; Zip Cod 2501 MITCHELL BLVD. 7	- W 76105	4000	CHECK.
		(If travel outside	of Texas, complete Schedule T)
9 Contributor's principal occupation TEACHER	10 Contributor's job	L	
11 Contributor's employer/law firm FORT WORTH ZSD	12 Law firm of contri	butor's spouse (if an	y)
13 If contributor is a child, law firm of parent(s) (if any)		The second secon	
Date Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
8/1/14 DICK. 17 BRAMS. Contributor address; City; State; Zip Cod 6/45 WEAGWOOD DR. 7 TX 76/14		/00 = 0	CAS// CAS// of Texas, complete Schedule T)
Contributor's principal occupation Contributor's job title			
Contributor's employer/law firm SELF EMPLO EE		butor's spouse (if an	у)
If contributor is a child, law firm of parent(s) (if any)		· · · · · · · · · · · · · · · · · · ·	
Date Full name of contributorlout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
8/1/14 Contributor address; City; State; Zip Cod 3706 MEADOW HILL ARC	cin GTON	60°°	CASH.
TX 70	6006	(If travel outside	e of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title	
Contributor's employer/law firm	Law firm of contri	ibutor's spouse (if an	y)
If contributor is a child, law firm of parent(s) (if any)		30	F 53
			ARRAMINE STEVE OF A ST
ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see ins			ng requirements.
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The Instruction Guide explains how to complete t	this form.	1 Total pages Sch	edule A(J):
2 FILER NAME PILAR PANDIA		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#_ 8//// WALTER SANDE 6 Contributor address; City; State; Zip Coo		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
4625 TRAIL WOOD DE F	ORT WORTH	(If travel outside	CREALT CARD of Texas, complete Schedule T)
9 Contributor's principal occupation $A \leq I \leq TANT \left(\bigcup \in N7/ST \right)$	10 Contributor's job	title	·
11 Contributor's employer/law firm	12 Law firm of contri	ibutor's spouse (if an	y) .
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#	ecen	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Co. 1709 SADDLE (REEK. ARLINGTON 7X 760)	Cs.	4000	CASH
Contributor's principal occupation	Contributor's job	<u> </u>	of Texas, complete Schedule T)
Contributor's employer/law firm OMNI HOTELS	Law firm of contr	ibutor's spouse (if an	y)
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
8/1/14		10000	OHECK.
WORTH, TX 76104		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation アモこル アイA ル	Contributor's job	title	
Contributor's employer/law firm ATT CO.	Law firm of contr	ibutor's spouse (if an	у)
If contributor is a child, law firm of parent(s) (if any)			
			TA 2011 ELEC
			ARR HOO!
ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see in			ng requirements.
community to out of outer free, proude dee in			
			136 Maria

The Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule A(J): 9-25
2 FILER NAME PILAR CANDIA	2	3 ACCOUNT # (Et	hics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#	. 5-	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
5020 FALL RIVER DR. FORT WORTH TX 76103		60º	CHECK.
9 Contributor's principal occupa tio n	10 Contributor's job ti		of Texas, complete Schedule T)
PROFESSOR. 11 Contributor's employer/law firm	42 Lawfirm of contrib	utodo opouga (if an	·
1) CC	12 Law firm of contrib	utor's spouse (ii any	')
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
265 PINIZCO WAY S	AGINAW	6000	CASH.
Contributor's principal occupation	Contributor's job ti		of Texas, complete Schedule T)
WATER TECHNICIAN	Contributor's job ti	ue	
Contributor's employer/law firm City of Avia 3 bus If contributor is a child, law firm of parent(s) (if any)	Law firm of contrib	utor's spouse (if any	')
POR SUll name of contributor Out-of-state PAC(ID#	1	Amount of contribution (\$)	In-kind contribution description(if applicable) CREDIT CARO
toer wol	T+, T30.61	(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job ti		or reads, complete Scredule 1)
Contributor's employer/law firm	Law firm of contrib	utor's spouse (if any	()
If contributor is a child, law firm of parent(s) (if any)		Υ.: ΓΕΟ1	
ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	Control of the contro
If contributor is out-of-state PAC, please see instru	uction guide for ad		ng requirements.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): / 6 - 25		
2 FILER NAME	PILAR CANDIA		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor) ()	7 Amount of contribution (\$)	In-kind contribution description(if applicable)
8/1/1	DANNY LUEVANO 6 Contributor address; City; State; Zip Code		30 20	CARA.
	FORT WORTH TX 7	-	(If travel outside	of Texas, complete Schedule T)
	incipal occupation STORE MANAGER.	10 Contributor's job	h	
11 Contributor's e	DTORE MANAGER. mployer/law firm OSTCO	12 Law firm of contril	butor's spouse (if an	y)
	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8/1/14	Contributor address: City; State; Zip Code 3333 RISGEMAR BLUC		62 00	CREDIT
	FORT WORTH TX 76116.		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation PROFESSIONAL.	Contributor's job	title	
Contributor's e	mployer/law firm TEXAS HEALTH.	Law firm of contri	butor's spouse (if an	у)
If contributor is	a child, law firm of parent(s) (if any)			
9/1/14	Full name of contributor Out-of-state PAC (ID#	FFNA.N	Amount of contribution (\$)	In-kind contribution description(if applicable)
• •	2604 STH AVE		500	PARA
	FORT WORTH TX 76110		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation TEACHEN.	Contributor's job	title	E11 2
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if สุก	9.55
If contributor is	a child, law firm of parent(s) (if any)		4 0 1 1	
				S PH III S P
If con	ATTACH ADDITIONAL COPIES cributor is out-of-state PAC, please see inst		1	g congregation

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is form.	· · ·	edule A(J): 1 - 25
	3 ACCOUNT # (E	thics Commission Filers)
	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
		CREDIT
-	3000	CREDIT CARD
107	(If travel outside	of Texas, complete Schedule T)
	itle	
12 Law firm of contrib	outor's spouse (if an	y)
	4	
)	Amount of contribution (\$)	In-kind contribution description(if applicable)
E. Q	3000	CREDIT CARS
112-		of Texas, complete Schedule T)
		o. Torres, compete concede 17
Law firm of contrib	outor's spouse (if an	у)

	Amount of contribution (\$)	In-kind contribution description(if applicable)
		CREDIT
	6000	CARS
34	(If travel outside	of Texas, complete Schedule T)
Contributor's job t	title	71
Law firm of contrib	outor's spouse (if an	
		PH 1: 35
	12 Law firm of contributer's job to the contributor's job to the contri	3 ACCOUNT # (E 7 Amount of contribution (\$) 7 OP (If travel outside 10 Contributor's job title 12 Law firm of contributor's spouse (if any contribution (\$) Amount of contribution (\$) Contributor's job title Law firm of contributor's spouse (if any contribution (\$) Amount of contributor's spouse (if any contribution (\$) Amount of contribution (\$)

The instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):
2 FILER NAME PILAR CANAIA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable) CREDIT CARO.
	(If travel outside of Texas, complete Schedule T)
RETIRED	
11 Contributor's employer/law firm 12 Law firm	m 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#	Amount of contribution (\$) In-kind contribution description(if applicable) 30 90 C REDIT CARD (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation PASTRY CHEF	putor's job title
	m of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributorout-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description(if applicable)
8/1/10 Contributor address; City; State; Zip Code 6200 PERSHING AVE #1 FORT WORTH TX 76116	30° CRESIT CARA
	(If travel outside of Texas, complete Schedule T) outor's job title
Contributor's employer/law firm FORT LELORT IS B	m of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Scho	
2 FILER NAME	PILAR CANDI	·	3 ACCOUNT # (E	hics Commission Filers)
4 Date 8/1/1 V	5 Full name of contributor Out-of-state PAC (ID# MARTHA OURAW) 6 Contributor address; City; State; Zip Code 2614 LEE AVE. FORT WORTH, TX	,		8 In-kind contribution description(if applicable) CREDIT CARD of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation REAL & TATE	10 Contributor's job	title	
11 Contributor's e		12 Law firm of contri	butor's spouse (if any	")
13 If contributor is	a child, law firm of parent(s) (if any)			
Date 8/1/1V	Full name of contributor Dout-of-state PAC (ID#	ـــــــــــــــــــــــــــــــــــــ	Amount of contribution (\$)	In-kind contribution description(if applicable) REDIT BARIS
	T-ORT WORTH, TX		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
CROU	mployer/law firm ULU /S () s a child, law firm of parent(s) (if any)	Law firm of contri	butor's spouse (if any	·)
Date 8/1//y	Full name of contributor	76/17	Amount of contribution (\$)	In-kind contribution description(if applicable) CREAT CARA of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	y) El C2 -:
If contributor is	s a child, law firm of parent(s) (if any)		•	HRR NRR
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2 FILER NAME	PILAN CANDIA		3 ACCOUNT# (E	hics Commission Filers)
4 Date . 8/5/10	5 Full name of contributor Joul-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) CHECK.
ŕ	8105 MOUNT SHAST-A FORT LELORTH TX 7613			of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation RETILED	10 Contributor's job t	itle	
11 Contributor's e	mployer/law firm	12 Law firm of contrib	outor's spouse (if any	/)
13 If contributor is	a child, law firm of parent(s) (if any)	•	v _ 75	
Date 9/27/10	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
-70770	Contributor address: City; State; Zip Code 3700 W. 6TH. STREET. FORT WORTH TX 76/0	7	100 00	CHECK.
Contributor's o	rincipal occupation	Contributor's job t		of Texas, complete Schedule T)
Contributor 3 p	RETIRES	Contributor 3 job t		
, Contributor'š e	mployer/law firm	Law firm of contrib	outor's spouse (if an	у)
If contributor is	s a child, law firm of parent(s) (if any)			
Date O/ac/	Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description(if applicable)
977K	Contributor address, City; State; Zip Code 624 WINTER WOOD D.	e	1000	CHECK
	KENNESALE, TX 7606	6	(If travel outside	of Texas, complete Schedule T)
Contributor's p	TRUANCE OFFICER	Contributor's job		
Contributor's e	employer/law firm	Law firm of contri	butor's spouse (if an	у)
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2 FILER NAME	PILAR PANDIA.		3 ACCOUNT# (Eth	lics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9/6/14	KENNA SHALK. 6 Contributor address. City, State; Zip Code 2508 WEST BROOK. AVE		4000	CREALT CARD
	FORT WORTH TX 761			if Texas, complete Schedule T)
9 Contributor's p	T. PROSPECY.	10 Contributor's job ti	tle	
11 Contributor's e	mployer/law firm	12 Law firm of contrib	outor's spouse (if any))
13 If contributor is	s a child, law firm of parent(s) (if any)	•	· ·	
Date	Full name of contributorout-of-state PAC (ID#		Amount of	In-kind contribution
9/10/14	Contributor address: City; State; Zip Code 5310 HARVEST HILL R DALLAS TX 75230	20 20	5,000	description(if applicable)
Contributor's r	principal occupation	Contributor's job t		of Texas, complete Schedule T)
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், _் Contributor's e	employer/law firm	Law firm of contrib	outor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)			termination of the termination of the second
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
9/15/10	Contributor address; City; State; Zip Code 4510 COCT DA.	FRSOU	75.00	ONECK.
	ARLINGTON TX 7601	7	(If travel outside	of Texas, complete Schedule T)
Contributor's p	principal occupation RETIRES	Contributor's job		
Contributor's e	employer/law firm	Law firm of contril	outor's spouse (if any)
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2 FILER NAME PILAR PANAIA		3 ACCOUNT # (Et	hics Commission Filers)
4 Date 5 Full name of contributo Out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9/15/11 6 Contributor address: City; State; Zip Code PD BOX 2134 KELL	LER 74	10000	OHECIC.
76244		(If travel outside	of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job t	itle	
11 Contributor's employer/law firm	12 Law firm of contrib	outor'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#		Amount of contribution (\$)	In-kind contribution description(if applicable)
9/19/14 ERIKA BELTRAN Contributor address: City; State; Zip Code 3401 BENNETT AUE)	10000	CHECK.
FORT WORTH TX	75206	(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title	
LIBERSHIP & DUCATOR.	Pechir		
Contributor's employer/law firm	Law firm of contril	outor's spouse (if any	y)
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorlout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
9/20/14 Contributor address; City; State; Zip Cod)	10000	Q REDIT
5501 HAMPSHIRE		100 -	CARO.
FORT WORTH TY 76/1	5	(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title	
MANAGEL. Contributor's employer/law firm	l aw firm of contri	ည butor's spouse (if an	
Los PASTORES	Law IIIII of Contin	butor's spouse (# ari	9 3
If contributor is a child, law firm of parent(s) (if any)		v :	
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2 FILER NAME PILAR PANOIA.		3 ACCOUNT # (Eth	nics Commission Filers)
4 Date . 5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9/30/14 6 Contributor address: City; State; Zip Code 803 Mc C/Ulland Ave	.	100-00	CREDIT
Lurado Tx 78040			of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job t	itle	
11 - Contributor's employer/law firm COMA PRIMARY CARE 2CC. 13 If contributor is a child, law firm of parent(s) (if any)	12 Law firm of contrib	outor's spouse (if any)
· ·	•	. #	
Date Full name of contributor Out-of-state PAC (ID#	•)	Amount of contribution (\$)	In-kind contribution description(if applicable)
9/23/14 Contributor address: City; State; Zip Code 9000 BEACON CT. FORT WORTH TX 7		5000	CARB
Contributor's principal occupation	Contributor's job		of Texas, complete Schedule T)
CHEF			
, 、Contributor's employer/law firm SυΡΕΝ 〒০০০ς	Law firm of contri	outor's spouse (if any	·)
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorlout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
9/23/W TARRANT COUNTY STA Contributor address; City; State: Zip Code DEMO CRATS	ONE. WA.L e	250°°	CREDIT
PO BOX 12434 FW	TX 76110	(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title	
Contributor's employer/law firm	Law firm of contri	butor's spouse (if any	/) [
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POLITICAL CONTRIBUTIONS

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2 FILER NAME	PILAR PANDIA	·	3 ACCOUNT # (E	thics Commission Filers)
4 Date .	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) OHECK.
z 1 , 1	principal occupation	10 Contributor's job t	itle	of Texas, complete Schedule T)
11 Contributor's	employer/law firm	12 Law firm of contrib	outor's spouse (if any	OAR RAPIOS
13 If contributor i	s a child, law firm of parent(s) (if any)	•	, es	
Date	Full name of contributorout-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)
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, Contributor's	employer/law firm	Law firm of contrib	outor's spouse (if an	у)
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	Contributor address, City; State; Zip Code		(If travel outside	 - - of Texas, complete Schedule T)
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS TARRANT PO

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FILER NAME	PILAR CANDIA	ELECTIONS AC	3 ACCOUNT # (Et	hics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC(ID#_	RY:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
118/10	6 Contributor address; City; State; Zip Code 9976 PEREGRIVE TRL.	Fw 76/08	4000	casa.
				f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) TUSURANCE AGENT	10 Employer (See I	nstructions)	0
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/18/14	Contributor address; City; State; Zip Code 4531 Dinz Ave	9	40-00	Cash
		-	(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 9/1 8 /14	Full name of contributor out-of-state PAC (ID#))	Amount of contribution (\$)	In-kind contribution description (if applicable
7. - 7.4	Contributor address; City: State; Zip Code 5939 BLANCHARD DR.		50 00	CHECK.
	F. W. TX 761	3/	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	L	
	TEACHER		· 0C/ - CO -	
Date	Full name of contributor Out-of-state PAC (ID# HANCY C. SOMMERMAN)		Amount of contribution (\$)	In-kind contribution
Date 3//8//y	Full name of contributor out-of-state PAC (ID# HANCY C. SOMMERMAN) Contributor address; City; State; Zip Code 1968 LIPS COMB ST	e	Amount of	
3/18/m	Full name of contributor Out-of-state PAC (ID# HANCY C. SOMMERMAN) Contributor address; City; State; Zip Code 1968 LIPS COMB ST. FORT WORTH, TX 76/1/6	e 2	Amount of contribution (\$)	In-kirid contribution description (if applicable
3/18/m	Full name of contributor out-of-state PAC (ID# NANCY C. SOMMERMAN) Contributor address; City; State; Zip Code 1968 LIPS COMB ST. FORT WORTH, TX 76/10 spation / Job title (See Instructions)	e	Amount of contribution (\$)	In-kirid contribution description (if applicable
3/18/m	Full name of contributor Out-of-state PAC (ID# HANCY C. SOMMERMAN) Contributor address; City; State; Zip Code 1968 LIPS COMB ST. FORT WORTH, TX 76/1/6	e 2 Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicable CHECK. of Texas, complete Schedule T)
Principal occu	Full name of contributor out-of-state PAC (ID# NANCY C. SOMMERMAN) Contributor address; City; State; Zip Code 1968 LIPS COMB ST: FORT WORTH; TX 76/10 Ipation / Job title (See Instructions) RETIRED Full name of contributor out-of-state PAC (ID# NICHAEL CAMPBELL Contributor address; City: State; Zip Code 5932 VILLAGE COURSE C	e Employer (See	Amount of contribution (\$) 50 (If travel outside of structions) Amount of contribution (\$)	In-kirid contribution description (if applicable CHECK.
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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FILER NAME	FIER	STEVE AS SECUL TIONS ASPIKISTED		thics Commission Filers)
	1 /LAIL (AND/A	Tumo AUMAKISTAA	TUR	
Date	5 Full name of contributor out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/18/14	6 Contributor address; City: State; Zip Code 5695 EISENHOWER DA	٤,	2500	CHECK.
The state of the s	FORT WORTH, TX 76,	117	(If travel outside	of Texas, complete Schedule T)
Principal occu	Pation / Job title (See Instructions) TRUSTEE	10 Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18/14	SARA MARTINE Z. Contributor address: City: State: Zip Code 1310 COOKRELL HILL RO.	APT. 436	100 07	CHECK.
	DALLAS, TX 75211		(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	the state of the s	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18/14	Contributor address; City; State, Zip Code PO BO X /82 093		200 03	CHECK.
	ARLINGTON TX 76096		(If travel outside	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18/14	Contributor address; City; State; Zip Code 500 NG · J3RD ST ·		250 00	CHECK.
	FORT WORTH, TX 761	64	(If travel outside	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_	(A TC)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18/14	Contributor address; City State, Zip Code	50 J	\$ 1250.0	In Find Texas VAN
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Principal occ	oupation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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The	Instruction Guide explains how to complete this form 17-6 PM	1 Total pages Sche	edule A: 21 - 25
2 FILER NAME	Text Pilar CANDIA ELECTIONS ADMINIST	3 ACCOUNT # (EI	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDENT)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 18 14	NORTH TALKANT DEMOCRATS 6 Contributor address; City; State; Zip Code PG BOX 2134	100.00	((Heck)
	Detice TX 76244 Detice (See Instructions) 10 Employer (See	(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions) 10 Employer (See	Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18/14	Contributor address; City; State; Zip Code 3478 WOLTON FW TX	50.00	C. cord
Principal occup	pation / Job title (See Instructions) Employer (See	4	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:) ALEJANDRO HUKILL ARIAS	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18/14	Contributor address; City; State; Zip Code 5625 COCKE AVE		C. Caro
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)	of Texas, complete Schedule T)
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18/14	Contributor address; City; State; Zip Code 27 25 DENILO DE	25.00	G. CarO
Principal occu	pation / Job title (See Instructions) Employer (See	***************************************	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
9/18/14	Self (O Cant U Contributor address; City; State; Zip Code 5310 Harvest HILL	contribution (\$)	description (if applicable)
	pallas, 1x 75230	T	of Towns complete Cabadata Ti
·	pation / Job title (See Instructions) Employer (See		of Texas, complete Schedule T)
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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS AND COMETY SCHEDULE A 2014-067-6-PM 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME 7 Amount of 8 In-kind contribution 6 Contributor address; City: State: Zip Code contribution (\$) description (if applicable) CREDIT CARY F. WORT TY 76164 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) 1CETIRED Amount of In-kind contribution BRIAN RENTERA contribution (\$) description (if applicable) Contributor address; City, State; Zip Code 2312 GOLDEN ROAD AVC 25% (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) WORTH FORT ISS In-kind contribution EMERICO PEREZ Contributor address; City; State; Zip Code 7425 EWING AUG FIRT UIDRTH contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

Principal occupation / Job title (See Instructions)

MICHAEL PAHBECC.
Contributor address: City: State: Zip Code

5732 VILLAGE COURSE

FORT WORTH TX 76112

In-kind contribution

description (if applicable)

(If travel outside of Texas, complete Schedule T) Employer (See Instructions)

Amount of

contribution (\$)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS FILED SCHEDULE A OTHER THAN PLEDGES OR LOANS 2014 OCT - 6 PM L: 37 1 Total pages Schedule A The Instruction Guide explains how to complete this form: 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 5 Full name of contributor out-of-state PAC (ID#_____ 7 Amount of 9/18/14 - MARK GREENE 6 Contributor address; City: State: Zip Code 59/2 WOOD WALD DR. FORT WORTH TX 76/33 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) 9/18/14 JOSE SANCHEZ Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) CasH. FORT WORTH TX 76115 (If travel outside of Texas, complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) Pate Full name of contributor ___ out-of-state PAC (ID#__ 9/18/10 AROLIN CULLUM . Contributor address: City; State; Zip Code description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ____ out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) TINA MANGS (Contributor address; City; State; Zip Code 9/18/20 CaSH. 615 NE MC Hister Rd. BURLESON, TX (If travel outside of Texas, complete Schedule T Principal occupation / Job title (See Instructions Employer (See Instructions) HEALTH Amount of In-kind contribution ERICKA ESTRADA, Contributor address; City; State: Zip Code 7816 CHENTHYING LW: FART WORTH TX 71 contribution (\$) description (if applicable)

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Principal occupation / Job title (See Instructions)

(If travel outside of Texas, com

FORT WORTH CHAMBEA

Employer (See Instructions)

SCHEDULE A

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2 FILER NAME	1ºILAR CA	elections A. • ~ 4 √. A		Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (10# ARACELY CHAVEZ		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/18/14	6 Contributor address: City: State: Zip Code 6930 WICKS TRL. FORT WORTH, TX 7613;		10000	CHECK.
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (IDF)) :	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/13/14	Contributor address; City; State; Zip Code 250/ MITCHELL BLVS.		500	CHECK.
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	of Texas, complete Schedule T)
		FORT	WORTH	TS D
Date	Full name of contributor cut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/18/14	Contributor address: City: State. Zip Code 439 COLLEGE AUE UNIT F. WORTH TX 76104		250 °€	CHECK.
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/18/14	Contributor address; City; State, Zip Code		20000	CHECK
	F. WORTH, TX 7610	フ	(If traval outpide a	of Toyon assessed Cabarilla To
Principal occup	pation / Job title (See Instructions) アビアルにも	Employer (See II		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/18/14	Contributor address; City: State: Zip Code		100	CHECK
Principal occur	FORT WORTH, TX 76/6		(If travel outside o	of Texas, complete Schedule T)
RESID	ENTIAL OREGIT SOLUT	Employer (See Ir アルコロ	isiructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A (J)

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule A(J): 25 -25
2	FILER NAME			3 ACCOUNT # (Eti	nics Commission Filers)
4	Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
		6 Contributor address; City; State; Zip Code		ا ل	
					of Texas, complete Schedule T)
9	Contributor's p	orincipal occupation	10 Contributor's job	title	
11	Contributor's e	employer/law firm	12 Law firm of contri	butor's spouse (if any)
13	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributorout-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 p	principal occupation	Contributor's job	title	
	Contributor's e	employer/law firm	Law firm of contri	butor's spouse (if any	·)
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor Dout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
		Contributor address; City; State; Zip Code			
				(If travel:putside	of Texas complete Schedule T)
	Contributor's	principal occupation	Contributor's job	~ ~	STATE OF THE PROPERTY OF THE P
	Contributor's	emp)oyer/law firm	Law firm of contr	ibutor's spouse (if any	and the same of th
-	If contributor i	s a child, law firm of parent(s) (if any)			P 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Salaries/Wages/4, Expense Solicitation/Fund Legal Services Travel In District Food/Beverage Expense Travel Out Of Dis Polling Expense Office Overhead/ Printing Expense The Instruction Guide explains how to	Contract Labor raising Expense trict Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILERNAME CAMPIC		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)		(If travel outside of Texas, complete Schedule T) Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH •	Office soug	
Date 9/24/14	Payee name 510900x4t.com		
Amount (\$)	Payee address: City; State: Zip Code	- 0	10.5
1, 455 =	Category (See categories listed at the top of this	Paul Description	1 (If travel outside of Texas complete Schedule T)
PURPOSE OF EXPENDITURE	Adartising Expense		Austin, TX, officeholder living expense
Complete QNLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Office soug	
Date	Payee name		-
9/34// / Amount (\$)	Payee address: City; State: Zip Code	g	
13200	9000 Bantage A	pt.226	1) allas TX 75243
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Ponsulting Expense		Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sou	ght Office held
Date 9/33/14	Payee name PHO HUNG ! Payee address. City; State. Zip Code		
Amount (\$)	Payee address, City; State. Zip Code		
49.98	4125 E. Belknap S	1. #10:	7 Haltom City 7611)
PURPOSE	Category (See categories listed at the top of this schedule)		n (If travel outside of Texas complete Schedule T)
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sou	f Austin, TX, officeholder living expense ght Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE A	AS NEEDED

Advertising Expense	EXPENDITUE	RE CATEGORIES FOR BOX 8(a)
Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials , Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Gu	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 Committed OTHER (enter a category not listed above) orm. 35
Total pages Schedule F: 32-33	Pilar Candi	٩	3. ACC OUNT # (Ethics Commission Fi
Date	5 Payee name		
Amount (\$)	7 Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at schedule)		ion (If travel outside of Texas complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nai		k if Austin, ŤX, officeholder living expense orught Office held r*
Date	Payee name	, , ,	
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200.00	917 Illinoie	st. Fort	Worth. 76/12.
PURPOSE OF EXPENDITURE	Category (See categories listed at schedule)	the top of this Descript	(If travel outside of Texas complete Schedule T)
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9/25/14	Payee name of fig. Ce Payee address City;	State Zip Code	
Amount (\$)		,	
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POLITICAL

P.O. Box 12070

POLITICAL	EXPENDITURES		50	CHEDOLE P
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4 Date	5 Payee name	[1 5]	3 m	2
6 Amount (\$)	7 Payee address; City; State	; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories fisted at the to schedule;		n (If travel outside of Texa	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou		Office hold
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9/20/14	Payee name			
Amount (\$)	Payee address: City; State		- (/ · · · · · · · · · · · · · · · · · · ·
54.10	8900 Taham Category (See categories listed at the to	a Ridge PK	on (If pavel outside of Tex	
PURPOSE OF EXP EN DITURE	FOOD BREVAGE E		if Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sou	ight	Office held
Date 9/20/14 .	Payee name TARGET			
Amount (\$)		e; Zip Code		
55.64			RTH TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to schedule)		On (If travel outside of Tex	
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expenditure to benefit (PIES OF THIS SCHEDULE	AS NEEDED	

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials , Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	ATEGORIES FOR BOX 8(a) alaries/Wages/Contract Labor olicitation/Fundraising Expense ravel In District ravel Out Of District office Overhead/Rental Expense xplains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Pilor Candia		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State	; Zip Code -	BY LE CO Section 12
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top schedule)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(If travel outside of Texas complete Scriedule T) Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sou	
Date 9/23/14	Payee name WALMART.		<u> </u>
Amount (\$)		e; Zip Code	53
36.71	3851 AIRPORT	FWY FORT W	ORTH, T X 76111.
PURPOSE OF	Category (See categories listed at the to schedule)		(If travel outside of Texas complete Schedule T)
EXPENDITURE	TOOD / BREVAGE		Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght Office held
Date 9/23/14	Payee name		
Amount (\$)		; Zip Code	
66.41	801 N. BEACH	ST. FORT	WORTH TY 76111
PURPOSE OF	Category (See categories listed at the to schedule)	p of this Descriptio	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	FOOD' / BREVAGE	. Checki	f Austin, TX, officeholder living expense
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Date	Payee name		
9/22/14	WALMART		
Amount (\$)		e; Zip Code	
171.25	3851 AIRPORT	FWY FORT	WORTH TX 76111
PURPOSE OF	Category (See categories listed at the to schedule)		on (If travel outside of Texas complete Schedule T)
EXPENDITURE	EVENT EXPEN		f Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sou	ght Office held
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P.O. Box 12070

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
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4 Date	5 Payee name		0.0 - 1.0-11
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	s (b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	nt Office held
Date	Payee name		
9/22/14 Amount (\$)	Payee address; City; State; Zig	Code	
17.05	2000 N. RIVERS	IDE DR. FL	ORT WORTH TY 7611/
PURPOSE OF	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	OFFICE EXPENSE	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sough	nt Office held
Date 9/22/14	Payee name		
Amount (\$)	Payee address; City; State; Zip	Code	
24.81	3869 MAURICE AU	E FORT WO	RTH TY 76111.
PURPOSE	Category (See categories listed at the top of th schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD/BREVAGE.	Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office soug	ht Office held
Date	Payee name		
9/22/14 Amount (\$)	Payee address, City, State, Zi	Code	
36.68	2000 RIVERSIDE		WORTH TV 76111.
PURPOSE OF	Category (See categories listed at the top of the schedule)		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	OFFICE EXPENSE	Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office soug	ht Office held
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BO Salaries/Wages/Contract L Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental Ex	Aabor Loan Reparts (pense Transporta Expense Contributio Candido	ayment/Reimbursement tion Equipment & Related ns/Donations Made By ate/Officeholder/Political Committee hter a category not listed above)
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4 Date	5 Payee name			100 A M
6 Amount (\$)	7 Payee address; City; State	; Zip Code		RIANT C
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to schedule)	p of this (b) De	scription (If travel ou	tside of Texas: complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Off	ice sought	Office held
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Date	Payee name	William Michigan Land	JANAPANANA	
4/22/14 Amount (\$)	Payee address; City; State	; Zip Code		
7.19	3809 E. BELK	NAP. 57.	FORT.	WORTH 7 4 7611/
PURPOSE OF	Category (See categories listed at the to schedule)	l _		tside of Texas, complete Schedule T)
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11.37.	PO BOX 537	104 ATCA	WTA, GA	30353
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Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		ice sought	Office held
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials ,Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this form	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F	2 FILERNAME Candia		3 ACCOUNTING (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code	PHONE PHONE
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the t schedule)		(If travel outside of Texas complete Schedule T) Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH .	Office soug	
Date	Payee name		
9/16/14	KWIK MART	F00 3	
Amount (\$)	Payee address; City; State	te; Zip Code	
69.05	2525 E BEL	KNAP.ST 7	F. WORTH. 7611).
PURPOSE OF	Category (See categories listed at the schedule)		(If travel outside of Texas complete Schedule T)
EXPENDITURE	EVENT EXPENS	Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office souç	pht Office held
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22 99			
32.99	353 Boren Ave, SE	ATTLE WA-	28104
PURPOSE OF _	Category (See categories listed at the schedule)	top of this Descriptio	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	OFFICE EXPEN	Checkin	Austin, TX, officeholder living expense
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4000	917 WINNER	STF	ORT W	ORTH TY	76112
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EXPENDITURE	CONTRACT LA	800	Check if A	Austin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder r	name	Office soug	ht	Office held
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EXPENDITURE	ACCOUNING BA	ANKING EXPENSE	Check if/	Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C.	Candidate / Officeholder i	name	Office soug	ht	Office held
Date	Payee name				
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(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

	EXPENDITURI	CATEGORIES FOR BOX 8	(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/	
Accounting/Banking Consulting Expense	Legal Services	Solicitation/Fundralsing Expens	e Transportation Eq Expense	uipment & Related
Event Expense	Food/Beverage Expense	Travel In District Travel Out Of District	Contributions/Don	
Fees	Polling Expense	Office Overhead/Rental Expens	9	ceholder/Political Committee
	Printing Expense The Instruction Guid	de explains how to complete this	orm.	ategory not listed above)
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4 Date	5 Payee name	/		
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code	37	
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8 DUBBOSE	(a) Category (See categories listed at th	e top of this (b) Descrip	tion (If travel outside of	Texas complete Schedule I)
O PURPOSE OF	schedule)			35 0
EXPENDITURE		Che	ck if Austin, TX, officeholder	r living expense
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Date	Payee name			No. of Administration of the Control
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- Amount (\$)	-	tate; Zip Code		
77.48	1101 HEMPAIL	ST FORT W	ORTH TX	26111
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expenditure to benefit C	ОН			
Date **	Payee name			
9/15/14				
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Amount (\$)	Payee address: City; S	tate; Zip Code		
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28.10	2301 N. BEACH	ST. FORT	WORTH	74 76111
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expenditure to benefit C	/UH			
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9/15/111		4/4/		
Amount (\$)		ALDONADO State: Zip Code		
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000	917 WINNIE	DR FORT	WORTH, 7	TV 76/1)
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expenditure to benefit (СОН			
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Tra Food/Beverage Expense Tra Polling Expense	alaries/Wages/Cont Dicitation/Fundraisi avel In District avel Out Of District fice Overhead/Rent	ract Labor ng Expense al Expense	Transport Expense Contributi Candid	ation Equi ons/Donat date/Office	eimbursem pment & Ri ions Made holder/Polit egory not li	elated By ical Cor	
1 Total pages Schedule F. 24 + 33	Pilor Candis			3 A	CCOUNT	177		on Filers)
4 Date	5 Payee name						3	
6 Amount (\$)	7 Payee address; City; State;	Zip Code					5. P	
8 PURPOSE	(a) Category (See categories listed at the top schedule)	of this (t) Description	(If travel o	utside of Te	xas complet	e Schedu	ile T)
OF EXPENDITURE			Check if A	ustin, TX, of	ficeholder li	ving expense	<u> </u>	THE TANK
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH .		Office sough	ht ≁	1	Office	held	
Date	Payee name							***************************************
9/10/14	HONE DEPOT							
Amount* (\$)	Payee address; City; State;	Zip Code						
382-85	133 SUCAMORE	SCHOOL	RD. 7	6137) ,			
PURPOSE OF	Category (See categories listed at the top schedule)	of this	Description	(If travel o	outside of Te	exas, complet	e Schedu	ule T)
EXPENDITURE	OFFICE EXPENS	, E			ficeholder li	ving expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office soug	ht		Office	held	
Date 9/11/14	Payee name Daivis	STRIBIN	G		*			
Amount (\$)	Payee address: City; State:	Zip Code		LAS	TX	750	43	3
60 -		· - · · · · · ·	9000	BANT	TAGE	POINT	AP	. 226
PURPOSE OF	Category See categories listed at the top schedule)	of this	Description					
EXPENDITURE	CONSULTING EXP	ENSE	Check if	Austin, TX, o	fficeholder	iving expense	е	
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name		Office soug	ht		Office	e held	
Date	Payee name							
9/12/14	RACE TRACK	GAS 57	ATION					·
Ámount (\$)	Payee address; City; State;	Zip Code						
61.75	1101 HEMPHILL S						111	
PURPOSE OF	Category (See categories listed at the top schedule)		Description					lule T)
EXPENDITURE	TRANSPORTATION 5	X PENSC.			fficeholder	living expens		
Complete ONLY if direct expenditure to benefit C			Office soug	nt		Offici	e held	
	ATTACH ADDITIONAL COP	IES OF THIS S	CHEDULE A	S NEED	ED			

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials ,Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instructio	TURE CATEGORIES Salaries/Wages/C Solicitation/Fundre Travel In District Travel Out Of District Office Overhead/F n Guide explains how to c	ontract Labor aising Expense rict Rental Expense	Transportation Expense Contributions/D Candidate/C OTHER (enter	ent/Reimburseme Equipment & Re conations Made E Officeholder/Politic a category not lis	lated By cal Committee ted above)
1 Total pages Schedule F: 23-33	1) Gr Can	ndia			INT # (Ethics Cor	nmission Filers)
4 Date	5 Payee name			RY:	TECI 2	
6 Amount (\$)	7 Payee address; Cit	ty; State; Zip Code		:		75 75 75 75 75 75
8 PURPOSE OF	(a) Category (See categories liste schedule)	ed at the top of this	(b) Description	(If travel outside	of Texas complete	Schedule T)
EXPENDITURE			Check if A	Austin, TX, officeho	Iderliving expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholde OH	r name	Office soug	ht	Office	held
Date	Payee name		***************************************			
9/9/14	Office.	DEPO9.				
Amount (\$)	Payée address; Ci	ty; State; Zip Code				
21.64	461 CARRO	SF FORT	WORT	H TX	76111	
PURPOSE	Category (See categories list schedule)				of Texas, complete	
EXPENDITURE	OFFICE E				older living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholde	er name	Office soug	int	Office	neid
Date	Payee name					
9/9/14	HOME SEPO	7 .				
Amount (\$)		ty; State: Zip Code				
167.01	795 0 I-36	STREEWA	4 FORT	WORTH	TX	76134
PURPOSE OF	Category (See categories list schedule)	ted at the top of this	Description	(If travel outside	e of Texas, complete	e Schedule T)
EXPENDITURE	OFFICE EX	0ENSE-	Check if	Austin, TX, officeho	older living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholde /OH	er name	Office soug	ght	Office	held
Date	Payee name					
9/9/14	HOME DEP	07.				
Amount (\$)		ity; State: Zip Code	- Fart			
32. 43	7950 I-35	SFAUY.	FORT U	10R74	t x 16	134
P'URPOSE OF	Category (See categories lis				le of Texas comple	
EXPENDITURE	OFFICE EXPE				older living expense	
Complete <u>ONLY</u> if direct expenditure to benefit (er name	Office sou	ght	Office	e held
	ATTACH ADDITIO	NAL COPIES OF THIS	SCHEDULE	AS NEEDED		

P.O. Box 12070

	EXPENDITU	RE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials ,Expense Legal Services	Salaries/Wages/C Solicitation/Fundr Travel In District	Contract Labor	Expense	quipment & Related
Event Expense	Food/Beverage Expense Polling Expense	Travel Out Of Dist		Contributions/Dor	nations Made By iceholder/Political Committee
Fees	Printing Expense	Office Overhead/f		OTHER (enter a	category not listed above)
	The Instruction G	uide explains how to o	omplete this form	·	
1 Total pages Schedule F: 22-33	2 FILERNAME Canclic	3		3 ACCOUN	T # (Ethics Commission Filers)
4 Date	5 Payee name			P.Y	
				₹	0
6 Amount (\$)	7 Payee address; City;	State: Zip Code			
8 PURPOSE OF	(a) Category (See categories listed a schedule)	t the top of this	(b) Description	(If travel outside of	Texas complete Schedule
EXPENDITURE			Check if A	Austin, TX, officeholde	er living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder na	ame	Office soug	ht .	Office held
Date	Payee name				
9/0/11	ATET. CO				
Amount (\$)		State: Zip Code			
120 :-	PO BOX	37/04	ATLAN	TA, GA	30353
PURPOSE OF	Category (See categories listed a schedule)	t the top of this	Description	(If travel outside of	Texas complete Schedule T)
EXPENDITURE	OFFICE EXPE	NSE	Check if A	Austin, TX, officeholde	er living expense
Complete QNLY if direct expenditure to benefit C/	Candidate / Officeholder na OH	ame	Office soug	ht	Office held
Date	Payee name				
9/8/14	WAL MART.				
Amount (\$)	Payee address: City;	State: Zip Code			
218-21	3851 AIRPOR	T FREEU	MY FOR	WORD WORD	H 76111.
PURPOSE	Category (See categories listed a schedule)				Texas, complete Schedule T)
OF EXPENDITURE	EVENT EXP	EN.S.E	Check if	Austin, TX, officehold	er living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder na		Office soug	ht	Office held
Date	Payee name				
9/0/111		OCK			
Amount (\$)		State; Zip Code			
50 00				- 2.2.2	. 9
30	3408 HARDI			T11. 76/1	
PURPOSE OF	Category (See categories listed a schedule)		Description	n (If travel outside o	f Texas complete Schedule T)
EXPENDITURE	POLITICAL CONT	REUTION	Check if	Austin, TX, officehold	
Complete <u>QNLY</u> if direct expenditure to benefit C		ame	Office soug	jht	Office held
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE A	S NEEDED	

	- INDITORES	SCH	EDULE F
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Expense Solicitation Legal Services Travel In Di Polling Expense Travel Out 0	Ages/Contract Labor (Fundraising Expense strict Of District head/Rental Expense Loan Repayment/Reimbut Transportation Equipment Expense Contributions/Donations M Candidate/Officeholde	t & Related Made By r/Political Committee
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethi	cs Commission Filers
<u> </u>	5 Payee name		
4	3 rayee name	20 <u>m</u>	r ~> .
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de FOTO	6 27
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas co	mplete Schedule T).
OF EXPENDITURE	Solicatio,		
9 Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, officeholder living exp	oense Office held
expenditure to benefit C/		omee sought	
Date	Payee name		
9/5/14	RAQUEL GO	CHI	
Amount (\$)	Payee address; City; State; Zip Coo	de	
18000	5041 RAYAL DR.	FORT WORTH 7611	,
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, co	
EXPENDITURE	CONTRACT LABOR.	Check if Austin, TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought C	Office held
Date	Payee name		
9/8/14	DONA CARMEN POPU.	SERIA	
Amount (\$)	Payee address; City; State: Zip Coo	le .	
\$9.00	1712 N SYLVANIA 4	VE FORT WORTH TX ?	6111
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	EVENT EXPENSE	Check if Austin, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought C	Office held
Date	Payee name		
9/8/14	WAL MART		
Amount (\$)	Payee address; City; State; Zip Coo	de	
61.80	3851 AIRPORT FWY	FORT WORTH TX 7611	, ,
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, co	omplete Schedule T)
EXPENDITURE	FOOD/ BREUNGE	Check if Austin, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought C	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Salaries/Wages/C	ontract Labor	Loan Repayment/Rei	mbursement
Accounting/Banking	Legal Services Solicitation/Fundi		Transportation Equipr Expense	ment & Related
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Travel Out Of Dist		Contributions/Donation	ns Made By
Fees	Polling Expense Office Overhead/F	Rental Expense		older/Political Committee
	Printing Expense The Instruction Guide explains how to c	omplete this form.	OTHER (enter a categ	jory not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT #	(Ethics Commission Filers)
26-33	Yilor Candia			
4 Date	5 Payee name			
				7
6 Amount (\$)	7 Payee address; City; State; Zip Code			- 1-3
				3. 5 3
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texa	
OF	School (
EXPENDITURE		Check if Au	ıstın, TX, officeholder livir	ng expense()
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	t :	Office held
expenditure to benefit C/	OH			×
Date	Payee name			
9/3/11	BOOMERJACK'S GRILL		ii ?	
Amount (\$)	Payee address; City; State; Zip Code			
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42017	1112 NC 2874 STRE	ET. FOI	ET WORTH	TY FWIT
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
OF				
EXPENDITURE	FORD / BREVAGE		ustin, TX, officeholder livir	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	t	Office held
Date	Payee name			
9/3/11	Densey, LTD			
Amount (\$)	Payee address; City; State; Zip Code			
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90.90	744/ NE LOD 820 N. RIC.	HLAND H	1118 71	180
	Category (See categories listed at the top of this		(If travel outside of Texa	
PURPOSE OF	schedule)	Bescription	(ii traver eathles or rext	is, complete confedence Ty
EXPENDITURE	EVENT EXPENSE	Check if A	ustin, TX, officeholder livir	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t	Office held
expenditure to benefit C/	он			
Date	Payee name			
e/n/				
7/8/14	7- ELEVEN SHEEL O	0/ 2		
Amount (\$)	Payee address; City; State; Zip Code			
67.04	2800 28TH ST. FOR	I WORTI	4 TX 7	6106
PURPOSE	Category (See categories listed at the top of this schedule)			as. complete Schedule T)
OF EXPENDITURE		Check if A	ustin, TX, officeholder livi	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sough		Office held
Complete ONLY if direct expenditure to benefit C		J	MANUFACTURE CONTRACTOR	
•	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS	NEEDED	
				

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide explains how to compare the food to the following	contract Labor Laising Expense T E Crict C Rental Expense	THER (enter a categor	nt & Related Made By ler/Political Committee y not listed above)
1 Total pages Schedule F:	2 FILERNAME		3 ACCOUNT # (E	thics Commission Filers)
19-33	Filer Candia		1	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code		30 FP	5 h. 7
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		(If travel outside of dexas	8
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH 、	Office sought	20 to 12 to	Office held
Date	Payee name	•		and the second of the second o
9/2/14	DONUT PLACE		24	
Ámount (\$)	Payee address; City; State; Zip Code		9	morphosphia j
\$30.23	2800 NE 28TH STRE	FET. 76	111.	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas.	complete Schedule T)
EXPENDITURE	FOOD BREDAGE EXPENSE	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date	Payee name		-	
9/2/14.	TACO CABANA.			
Amount (\$)	Payee address: City; State: Zip Code			A STATE OF THE STA
93.05	201 N. BEACH ST.	FORT WOR	UN TX	76111
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas	, complete Schedule T)
EXPENDITURE	FOOD/BREUNGE	Check if Au	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought		Office held
Date 9/2/14 '	Payee name PICAR CANDIA			
Amount (\$)	Payee address; City; State; Zip Code			
140.00	2610 GOLDENROD QUE	= Fw.7611	/	
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas	s. complete Schedule T)
OF EXPENDITURE	TRANS PORTATION EXPENSE	Check if Au	ıstin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name	Office sough	t	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS	NEEDED	

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	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Expense Solic Legal Services Trave Food/Beverage Expense Trave Polling Expense Offic Printing Expense	ries/Wages/Contract Labor bitation/Fundraising Expense el In District el Out Of District e Overhead/Rental Expense ains how to complete this form	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:			3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code	
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8 PURPOSE OF	(a) Category (See categories listed at the top of schedule)	this (b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if A	Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough	ht Office held
Date	Payee name		E 0 -<
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE	Category (See categories listed at the top of schedule)	this Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough	ht Office held
Date	Payee name		
9/2/11	CASH. ATN	1 WITHBRAWAL	(UNRIOUS)
Ambunt (\$)	Payee address; City; State; 2		<u> </u>
103.00	3809 BELKNAP	FORT WORTH.	TY 76111
PURPOSE OF	Category (See categories listed at the top of schedule)		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	1 RANSPORTATION EXP	Check if	Austin, TX, officeholder living expense
Complete QNLY if direct expenditure to benefit C/	Candidate / Officeholder name /OH	Office soug	ht Office held
Date	Payee name		
9/2/14	"WALGREENS		
Amount (\$)	Payee address; City; State; 2	Zip Code	
26.44	3809 BELKNAP ST	FORT WORTH	1, TX 76/11
PURPOSE OF	Category (See categories listed at the top of schedule)	this Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	FOOD/BREUAGE EXPER	ر Check if /	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name	Office soug	ht Office held
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide explains how to	Contract Labor draising Expense strict /Rental Expense	Transportation Expense Contributions/ Candidate/ OTHER (enter	ent/Reimbursement Equipment & Related Donations Made By Officeholder/Political Committee a category not listed above)
1 Total pages Schedule F	2 FILERNAME	complete and form.	·	UNT # (Ethics Commission Filer
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address. City; State: Zip Code		я ү :	E 22 -
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)			e of Texas: compute Schedure ()
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH .	Office sough		Office held
Date	Payee name	•		
8/27/14	QUICK TRIP. GAS ST Payee address: City: State: Zip Code	ATION	}	
66.09	1101 HEMPHILL ST.	FORT W	URTH 7	T V 76111
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outsid	e of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE				e of Texas, complete Schedule T)
OF	TRANSPORTATION EXPENSE Candidate / Officeholder name		ustin, TX, officeh	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Payee name PHO HUNG	Check if A	ustin, TX, officeh	older living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 8/99/ /// Amount (\$)	Candidate / Officeholder name OH Payee name PHO HUNG Payee address: City; State: Zip Code	Check if A Office sough	ustin, TX, officeh	older living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 8/39/// Amount (\$) 46-65 PURPOSE	Candidate / Officeholder name Payee name PHO HUNG	CheckifA Office sough	ustin, TX, officeh	older living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 8/39/// Amount (\$)	Payee name Payee address: City; State: Zip Code 4/25 BELK NAA HALTOH Category (See categories listed at the top of this	Check if A Office sough	ustin, TX, officeh nt 6 / 7 9.	older living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 8/29//// Amount (\$) 46.65 PURPOSE OF	Payee name Payee address: City; State: Zip Code Category (See categories listed at the top of this schedule) Fobo BREVAGE Candidate / Officeholder name	Check if A Office sough	ustin, TX, officeh to 27 9. (If travel outsid	Office held de of Texas, complete Schedule T)
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 8/39//// Amount (\$) 46-65 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date	Payee name Payee address: City; State: Zip Code Category (See categories listed at the top of this schedule) Fobo BREVAGE Candidate / Officeholder name	Check if A Office sough Office sough Office sough Check if A	ustin, TX, officeh to 27 9. (If travel outsid	Office held Office held de of Texas, complete Schedule T)
OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/ Date 3/39/ // Amount (\$) 46 - 6 S PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/	Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Payee name PHO HUNG Payee address: City; State: Zip Code Category (See categories listed at the top of this schedule) FOSO BREVAGE Candidate / Officeholder name	Check if A Office sough C / T 4 Description Check if A Office sough	ustin, TX, officeh to 27 9. (If travel outsid	Office held Office held de of Texas, complete Schedule T)
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 3/39/// Amount (\$) 46.65 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date	TRANSPORTATION EXPENSE Candidate / Officeholder name OH Payee name PHO HUNG Payee address: City: State Zip Code 4/25 BELK NAR HALTOH Category (See categories listed at the top of this schedule) FOBO BREVAGE Candidate / Officeholder name OH Payee name 76XAS DEMOCRATIC	Check if A Office sough Check if A Description Check if A Office sough	ustin, TX, officeh (If travel outsio	Office held de of Texas, complete Schedule T) molder living expense Office held
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OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 8/39//// Amount (\$) 46-65 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/ Date 8/39/// Amount (\$)	Candidate / Officeholder name CH Payee name PHO HUNG Payee address: City: State: Zip Code 4/125 BELKNAR HALTOH Category (See categories listed at the top of this schedule) FOSO BREVAGE Candidate / Officeholder name CH Payee name 7EXAS DEMOCRATIC Payee address: City: State: Zip Code 4818 E. BEN WHITE Category (See categories listed at the top of this	Check if A Office sough Control Contr	ustin, TX, officeh (If travel outsic (If travel outsi	older living expense Office held de of Texas, complete Schedule T) nolder living expense Office held

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Expense Legal Services Food/Beverage Expense Polling Expense 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)		ed Committee	
	The Instruction Guide	explains how to c	omplete this form.	· · · · · · · · · · · · · · · · · · ·	a category	not nated	above)
1 Total pages Schedule F:	2 FILER NAME Pilar Candis			····	OUNT # (Ethi	cs Comm	nission Filers)
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address; City; State	e; Zip Code			rati l	Jan. 7	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to schedule)	op of this	(b) Description		33	8	medule T)
			U Crieck if At	ustin, TX, officeh	older living ex	pense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	it ,		Office he	10 11 13 17 18 17
Date	Payee name				£.:3	M COLUM	4
8-25-14	WAL-MART.				**************************************	an inter an inter	2.78
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Amount (\$)	Payee address; City; Stat	e; Zip Code		r	93	ing champ	
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PURPOSE OF	Category (See categories listed at the to schedule)	9		(If travel outsid			
EXPENDITURE	FOOD / BREVAGE	EXPENCE	Check if A	ustin, TX, officeh	older living ex	pense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	2	Office sough	it	C	Office he	ld
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PURPOSE	Category (See categories listed at the to schedule)			(If travel outsid			
OF EXPENDITURE	FOOD / BREVAGE	E VAENCE	Check if A	ustin, TX, officeh	nolder living ex	pense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sough	nt	(Office he	ld
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Food/Beverage Expense Polling Expense

P.O. Box 12070

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

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Date	Payee name			
8/1/14	STAPLESSI			
Amount (\$)	Payee address. City; State,	Zip Code		
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29 11-	1100	70	TART	700
39.45	1600 JOUTH (NIL	IERS114 DR 7	FORT WORTH	12 1607
PURPOSE	Category (See categories listed at the top	<u> </u>	on (If travel outside of Texa	
OF	schedule)			
EXPENDITURE	OFFICE OVERHEAD	Check if	f Austin, TX, officeholder livin	ng expense
Canalata OHIV C	Condidate / Office builder	Office sour		Office held
Complete <u>QNLY</u> if direct expenditure to benefit C		Office sout	9111	Office field
orporation to bonding				
	ATTACH ADDITIONAL COP	ES OF THIS SCHEDULE A	AS NEEDED	

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EXPENDI	TURE CATEGORIES FO	OR BOX 8(a)		
Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction	Solicitation/Fundrais Travel In District Travel Out Of Distric Office Overhead/Re	t contact Expense T	ransportation Equipmer expense Contributions/Donations Candidate/Officeholds	nt & Related Made By er/Political Committee
2 FILER NAME		1	3 ACCOUNT # (Etr	nics Commission Filers
5 Payee name				
7 Payee address; Cit	y; State; Zip Code			
(a) Category (See categories liste schedule)	ed at the top of this		7 6	
Candidate / Officeholder OH .	r name	Office sought	CO e	Office held
Payee name		•	1 22	2
				<u></u>
4836 WESTE	RN) CENTRAL	FW	76/37	
schedule)				
				Office held
Payee name	DUEL GO	د نبدر		
Payee address Cit	ty; State. Zip Code			
5041 Roy	96 DR. F	ORT WE	RTH TY	76116
Category (See categories liste schedule)	ed at the top of this	Description	(If travel outside of Texas,	complete Schedule T)
OH	er name	Office sough		Office held
Payee name	ROMERD			
Payee address: Ci	ity; State: Zip Code			
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schedule)	_	,		
				Office held
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Salaries/Wages/Contract Labor Lo Expense Solicitation/Fundraising Expense Tr Legal Services Travel In District		an Repayment/Reimb insportation Equipmer pense ntributions/Donations Candidate/Officehold	nt & Related
	Printing Expense The Instruction Guide explains how to	OT	HER (enter a category	not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Et	nics Commission Filers)
6-33	Ylar Candia			
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State, Zip Code		2 5	~
δ Amount (Φ)	7 Payee address, City, State, Zip Code		ECT18	8 3
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas,	
OF EXPENDITURE		Check if Austii	n, TX, officeholder living e	A STATE OF THE STA
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name		CE:	<u> </u>
7/22/14	ULCATAN TACO			
Amount (\$)	Payee address; City; State; Zip Code			
54.52	909 MAGNOCIA AVG	FORT WE	RT4 761	2
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas.	complete Schedule T)
EXPENDITURE	FOOD/ BREUAGE	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
7/23/14	STAPLES			
Amount (\$)	Payee address; City; State; Zip Code			
108.78	1600 SOUTH UNIVERS	174 DR.	F. WORT 14.	76107
PURPOSE OF	Category (See categories listed at the top of this schedule)	\	travel outside of Texas.	complete Schedule T)
EXPENDITURE	ADKERTINIE EXPENSE	Check if Austi	n, TX, officeholder living	expense
Complete QNLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
7/24/8 8	Limo Studio Photo	Vidan	AMAZO	نع :
Amount (\$)	Payee address; City; State; Zip Code	All still formation of the state of the stat	•	
50.88	WEBSITE.		-	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas.	complete Schedule T)
EXPENDITURE	Printing Expense.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate Pofficeholder name	Office sought		Office held
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	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Salaries/Wa	• •	nent/Reimbursement
Accounting/Banking	Expense Solicitation/Fundraising Expense Transportation Equipment & Related		
Consulting Expense	Food/Reverage Eypense	0	Danations Made Ou
Event Expense	Polling Expense	Candidate	Donations Made By /Officeholder/Political Committee
Fees	Printing Expense	OTHER (enter	a category not listed above)
	The Instruction Guide explains ho	ow to complete this form.	
1 Total pages Schedule F:	2 ELLER NAME	3 ACCC	UNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
		24.	
8 DUBBOSE	(a) Category (See categories listed at the top of this	(b) Description (If travel outside	
OF PURPOSE	schedule)		30 -1 2m
EXPENDITURE		Check if Austin, TX, officer	older (iving expeqse
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0	DH		man had been a second
			The second secon
Date	Payee name		
7-21-14	ENCHILADAS OLE INC		55 07
Amount (\$)	Payee address; City; State; Zip Co	de	
41.09	401 N. SULVANIA	AUC FORT W	ORTH, TX 76/11
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outsic	le of Texas, complete Schedule T)
EXPENDITURE	FOOD BREVAGE CXPER	Check if Austin, TX, officer	older living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/21/14	SHEEC. INC.		
Amount (\$)	Payee address; City; State; Zip Coo		
(4)			
70.05	1998 PRECINCT. LN	COLLE YVILLE &	x 7603 4.
PURPOSE	Category (See categories listed at the top of this schedule)		de of Texas, complete Schedule T)
OF EXPENDITURE	TRANSPORTATION EXF	Check if Austin, TX, office	nolder living expense
Complete OMIV if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/			
Date	Payee name		
7/2////	DRI PRINTING	ERVICE . , (OA	
Amount (\$)	Payee address: City; State; Zip Co	•	
133.18	3211 Holmasean	W/04. W)	T 54304
PURPOSE	Category (See categories listed at the top of this schedule)		de of Texas, complete Schedule T)
OF EXPENDITURE	Advertising expense	Check if Austin, TX, office	nolder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C	ОН		
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Expense Solicitation/ Legal Services Travel In Di Food/Beverage Expense Travel Out C	ges/Contract Labor Fundraising Expense strict Of District nead/Rental Expense	Transportation Expense Contributions/E Candidate/O	ent/Reimbursement Equipment & Related Donations Made By Officeholder/Political Committee a category not listed above)
1 Total pages Schedule F:	2 FILERINAME		3 ACCOU	JNT # (Ethics Commission Filers)
4 Date	5 Payee name			9, 5
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		1	of Texas complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug		lder living expense Office held
Date 7/11/14	Payee name Sevin WEST BAN	11-		
Amount (\$)	Payee address; City; State; Zip Co	de		
15.00	306 W. 7th. St	. 504.	I. WOR.	TH TX 76/02
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) The Accounting Bank			of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office soug	ht	Office held
Date	Payee name	A CONTRACTOR OF THE PROPERTY O		14.7
7//8//W Amount (\$)	Payee address; City; State; Zip Co.	de		
66-2V	154 TRIRD ST. F.L	NORTH- 76	10 2.	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside	e of Texas, complete Schedule T)
EXPENDITURE	FOOD/ BREVAGE	Check if	Austin, TX, officeho	older living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ht	Office held
Date	Payee name			
7/31/14 Amount (5)	Payee address; City; State; Zip Co	de		
21-65	2000 N. RIVERSIDE		·)/	
PURPOSE	Category (See categories listed at the top of this		7	e of Texas, complete Schedule T)
OF EXPENDITURE	TRANSPORTATION	Checkif	Austin, TX, officeh	older living expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office soug	ht	Office held
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	EXPENDITURE CA	ATEGORIES 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 Of	alaries/Wages/Contract Labor olicitation/Fundraising Expense ravel In District ravel Out Of District ffice Overhead/Rental Expense xplains how to complete this for	Loan Repayment/R Transportation Equi Expense Contributions/Donat Candidate/Office	pment & Related
1 Total pages Schedule F:				(Ethics Commission Filers
3-33	Milar Candia			,
4 Date	5 Payee name		n m	F-3 .
6 Amount (\$)	7 Payee address; City; State;	Zip Code	TECTION OF	8 R R R R R R R R R R R R R R R R R R R
B PURPOSE	(a) Category (See categories listed at the top	of this (b) Descriptio	n (If travel outside of Te	xas, complete Schedule T)
OF	schedule)			
EXPENDITURE		Check if	Austin, TX, officeholder liv	ring expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sou	ght	Office held
Date	Payee name		4	
7/9/14	WALGREENS			
Amount (\$)	Payee address; City; State;	Zip Code		
30.55	4360 E BELK	CNAP. ST. 7	EW, TX	76111
PURPOSE OF	Category (See categories listed at the top schedule)	of this Description	n (If travel outside of Te	xas, complete Schedule T)
EXPENDITURE	FOOD/BREVAGE	Check if	Austin, TX, officeholder liv	ving expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght	Office held
Date	Pavos name	. (
7/10/14	(HADERNO!	S GROUP.		
/, 324.83	Payeé address; City; State;	Zip Code		
PURPOSE	Category (See categories listed at the top schedule)		n (If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	PRINTING EXP	ENSE Checkin	fAustin, TX, officeholder li	ving expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sou	ght	Office held
Date	Payee name			
Amount (\$)	Payee address: City; State;			
Amount (\$)	Payee address: City; State;	Zip Code		
34.25	4020 CAMP &	BOWIE BLUB;	FW- 7	6116.
PURPOSE OF	Category (See categories listed at the top schedule)	of this Description	on (If travel outside of Te	exas, complete Schedule T)
EXPENDITURE	OFFICE EXPEN.	Check i	f Austin, TX, officeholder li	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sou	ght	Office held
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	EXPENDITURE	CATEGORIES	OR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials	Salaries/Wages/Co		Loan Repayment/Reimbursement
Accounting/Banking	Expense	Solicitation/Fundra		
Consulting Expense	Legal Services	Travel In District	ising Expense	Transportation Equipment & Related Expense
Event Expense	Food/Beverage Expense	Travel Out Of Distri	rt .	Contributions/Donations Made By
Fees	Polling Expense	Office Overhead/Re		Candidate/Officeholder/Political Committee
1 003	Printing Expense			OTHER (enter a category not listed above)
	The Instruction Guide	explains now to co	mplete this form	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers
2-33	Tilar Candi	G		
4 Date	5 Payee name			
- Date	5 rayee name			
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6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code		
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				and 32 miles
8 BURBOSE	(a) Category (See categories listed at the	top of this	(b) Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF	schedule)			e grand in
EXPENDITURE			<u></u>	
			Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt Office held
expenditure to benefit C/0	DH			
MINISTER 1				
Date	Payee name			
7/7/14	AMAZON	3 (0 H		e t
Amount (\$)		ite; Zip Code		
Amount (\$)	Payee address, City, Sta	ite, Zip Code		
154.95	AMAZON			
	Category (See categories listed at the	ton of this	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE	schedule)	top or tins	Description	(ii traver odiside or rexas, complete schedule 1)
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EXPENDITURE	Office Expen	250	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office sough	ht Office held
expenditure to benefit C/C	ОН			
Date	Payee name	•		
フノフノノノノ	PILAR	//		
11114				
Amount (\$)	Payee address; City; Sta	te; Zip Code		
169.14	2610 GOLDEN	ROAD. A	WE FAI	RI WORTH TX 7611/1
	l .			
PURPOSE	Category (See categories listed at the schedule)	top of this	Description	(If travel outside of Texas, complete Schedule T)
OF				
EXPENDITURE	REINBULSHENT ((= XPENSES)	Check if A	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		Office soug	ht Office held
expenditure to benefit C/0	ОН			
Date	Payee name			
7/0/ 11	7			
7/8/111	RAQUEL GOO			
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
				<u>. </u>
10000	SPULL DAVA	De.	FART 1	JORTH TX 76116
100	JUNE 1 / LOGAL			
PURPOSE	Category (See categories listed at the schedule)	top of this	Description	(If travel outside of Texas, complete Schedule T)
OF	Schedule/	,		
EXPENDITURE	CONTRACT L	ABO A	Check if A	Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C.		•	Cilice soug	Ollide Held
expenditure to benefit C.				
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	EXPENDITURE	CATEGORIES F	OR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Salaries/Wages/Contract Labor Loan Repayment/Reimbursement					
Accounting/Banking	•	Expense Solicitation/Fundraising Expense Transportation Equipment & Related				
Consulting Expense	Legal Services	Travel In District Expense				
Event Expense	Food/Beverage Expense	Travel Out Of District				
Fees	Polling Expense Office Overhead/Rental Expense Candidate/Officeholder/Political Committee				itical Committee	
	Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
4 7-1-1 0-1				0 A0001NIT # /F#: 0		
1 Total pages Schedule F:	2 FILER NAME	ρ		3 ACCOUNT # (Ethics C	ommission Filers)	
1-33	PILAR ("ANDIA					
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address; City; Star	te; Zip Code				
				,		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Descr			ription (If travel outside of taxas, complete Schedule T)		
EXPENDITURE	Check if Austin, TX, officeholder twing expense				<u> </u>	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office of the control	e held	
Date	Payee name			Long To See Long Long Long Long Long Long Long Long		
7/1/14	EMBASSY	50172	S		the state of the s	
Amount (\$)		ite; Zip Code				
148.68	13/31 NORTH	ENTRAL	ExpRES:	suly DAMA	5 7522	
PURPOSE OF	Category (See categories listed at the schedule)	top of this	Description (If	travel outside of Texas, comple	te Schedule T)	
EXPENDITURE	TRAVEL OUT DI	STRICT	Check if Austin	, TX, officeholder living expens	e	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name			The state of the s		
7/7/10	QUICKTRIP.					
Amount (\$)	Payee address; City; State; Zip Code					
73.04	2321 NB	EACH .	5 7. HA	LTON CITY	76111	
PURPOSE OF	Category (See categories listed at the schedule)			travel outside of Texas, comple		
EXPENDITURE	TRANSPORTATION EXPENSE Check if Austin, TX, officeholder living expense				se	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name		Office sought	Offic	e held	
Date	Payee name					
7/7/14	Payee address; City; State: Zip Code					
Amount (\$)	Payee address; City; Sta	ate: Zip Code				
80.77		}		WORTH TX		
PURPOSE OF	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	TOOB/ EREVIEE			k if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C	Candidate / Officeholder name) 	Office sought	Offic	ce held	
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS N	EEDED		