

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 22
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS. NICKNAME	FIRST PILAR LAST	MI CANDIA SUFFIX
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 76111		
5 CANDIDATE / OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. NICKNAME	FIRST FELIPE LAST	MI GUTIERREZ. SUFFIX
	7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 09 / 26 / 2014	THROUGH	Month Day Year 10 / 25 / 2014
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE PRECINCT 1	

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 TARRANT COUNTY
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME PILAR CANDIA 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

additional pages

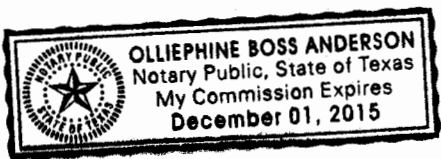
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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OCT 27 PM 4:06
ELECTIONS ADMINISTRATION

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 8,975.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,294.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,789.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Candia Maria de Pilam, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)

1 of 3

2 FILER NAME

PILAR PARRIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/6/14

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

RAMON ROMERO

6 Contributor address City State Zip Code

431 CONNER AVE.
FORT WORTH, TX 76105

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

CHECK.

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

SELF EMPLOYEE

10 Contributor's job title

11 Contributor's employer/law firm

SEIC.

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

OWNER.

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

Date

10/6/14

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

JOSE (PROZ) CHAVEZ

Contributor address: City State Zip Code

8109 MARIE LN.
FORT WORTH, TX 76123

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

CHECK.

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

US POSTAL SERVICE

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

10/6/14

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

DICK ABRAHAMS

Contributor address: City State Zip Code

6145 WEDGEWOOD DR. 1
FORT WORTH TX 76133

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

CHECK.

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

SELF EMPLOYED

Contributor's job title

BUSINESS OWNED / REAL STATE

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 TARRANT COUNTY
 OCT 27 PM 1:00
 2014
 ELECTORAL ADMINISTRATION

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J) 2 of 3	
2 FILER NAME PILAR CANDIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JORGE L. BALDOR	7 Amount of contribution (\$) 7,500	8 In-kind contribution description (if applicable) CHECK
6 Contributor address City; State; Zip Code 3505 TURTLE CREEK BLVD #10A DALLAS, TX 75219		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation SELF EMPLOYEE		10 Contributor's job title COMPANY OWNER	
11 Contributor's employer/law firm RESIDENT P.CHECK.COM		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 10/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NORTHEAST TARRANT COUNTY DEMOCRATS	Amount of contribution (\$) 300	In-kind contribution description (if applicable) CHECK
Contributor address City; State; Zip Code PO BOX 818 COLLEYVILLE TX 76034		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm T		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TARRANT COUNTY DEM. WOMAN'S	Amount of contribution (\$) 300	In-kind contribution description (if applicable) CHECK
Contributor address City; State; Zip Code PO BOX 971181 FORT WORTH, TX 76147		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 TARRANT COUNTY
 CLERK OF COURTS
 10/27/14 2:27 PM

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 3

2 FILER NAME

PILAK CANDIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

LINDA FRANKEL

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

\$25.00

6 Contributor address; City; State; Zip Code

1141 HENSON DR.
HURST, TX 76053

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F 1 of 17	2 FILER NAME PILAR CANDIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-26-14	5 Payee name LITTLE CAESARS
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6 Amount (\$) 26.13	7 Payee address; City; State; Zip Code 3205 DENTON HWY HALTOM CITY TX 76117
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-26-14	Payee name FAST SINGS
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Amount (\$) 976.28	Payee address; City; State; Zip Code 3100 HANDLEY-EDERVILLE RD. RICHLAND HILLS, TX 76118
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-29-14	Payee name ICE VENDING
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Amount (\$) 3.50	Payee address; City; State; Zip Code 1142 CEDAR RUN DR. DUNCANVILLE TX. 75137
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-29-14	Payee name ICE VENDING
------------------------	----------------------------------

Amount (\$) 3.50	Payee address; City; State; Zip Code 1142 CEDAR RUN DR. DUNCANVILLE TX. 75137
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 2014 OCT 27 PM 1:06
 STATE OF TEXAS
 ELECTIONS ADMINISTRATION
 TARRANT COUNTY

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 2 of 17		2 FILER NAME PILAR CANDIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-29-14		5 Payee name SHELL GAS STATION			
6 Amount (\$) 30.23		7 Payee address; City; State; Zip Code 2800 NE 28TH ST. FORT WORTH TX. 827014			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-29-14		Payee name DOÑA CARMEN PUPUSERIA			
Amount (\$) 31.72		Payee address; City; State; Zip Code 1712 N SILVANIA FORTH WORTH TX. 76111			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-29-14		Payee name RACE TRAC			
Amount (\$) 67.59		Payee address; City; State; Zip Code 4016 SOUTH BELT LN. RD GRAND PRAIRIE 75052			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-29-14		Payee name WAL-MART SUPERCENTER			
Amount (\$) 222.84		Payee address; City; State; Zip Code 3851 AIRPORT FWY FORTH WORTH TX. 76111			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 3 of 17	2 FILER NAME PILAR CANDIA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-30-14	5 Payee name MONICA MALDONADO	
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 917 WINNE ST. FORT WORTH TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR.	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10-01-14	Payee name JACK IN THE BOX	
Amount (\$) 12.85	Payee address; City; State; Zip Code 3209 E. BELKNAP ST. FORT WORTH TX 76111	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10-01-14	Payee name CHURCHS CHICKEN	
Amount (\$) 21.84	Payee address; City; State; Zip Code 3900 NE . 28TH ST. FORT WORTH TX. 76111	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10-01-14	Payee name FACEBOOK . COM	
Amount (\$) 110.01	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F 4 of 17	2 FILER NAME PILAR CANDIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-1-14	5 Payee name MONICA MALDONADO
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6 Amount (\$) 60.00	7 Payee address: City: State: Zip Code 917 WINNE ST. FORT WORTH TX. 76112
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR	(b) Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-03-14	Payee name G TRIP
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Amount (\$) 84.28	Payee address: City: State: Zip Code 2321 H. BEACH ST. HALTOM CITY 76117
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-03-14	Payee name RICHARD GONZALEZ
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Amount (\$) 75.00	Payee address: City: State: Zip Code 2203 W GREENS POINT CRT. ARLINGTON TX 76001
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-06-14	Payee name CVS PHARMACY
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Amount (\$) 19.18	Payee address: City: State: Zip Code 1201 N BEACH ST. FORT WORTH TX. 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F: **5 of 17** 2 FILER NAME: **PILAR CANDIA** 3 ACCOUNT # (Ethics Commission Filers):

4 Date: **10-06-14** 5 Payee name: **CICI'S PIZZA**

6 Amount (\$): **30.61** 7 Payee address: **950 H. BEACH FORT WORTH TX 76111**
 City; State; Zip Code

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

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

Date: **10-06-14** Payee name: **Q TRIP**

Amount (\$): **50.21** Payee address: **2501 NE 28TH ST. FORT WORTH TX. 76106**
 City; State; Zip Code

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

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

Date: **10-06-14** Payee name: **WINGSTOP**

Amount (\$): **53.88** Payee address: **237 NE 28TH STREET FORT WORTH TX. 76111**
 City; State; Zip Code

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

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

Date: **10-06-14** Payee name: **THE HOME DEPOT**

Amount (\$): **99.95** Payee address: **6501 NE LOOP 820 R. HILLS TX. 76180**
 City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED
 TARRANT COUNTY
 2014 OCT 27 11:46 AM
 STATE ELECTIONS
 DIVISION

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F 6 of 17	2 FILER NAME PILAR CANDIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-06-14	5 Payee name FAST SIGNS
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6 Amount (\$) 1162.04	7 Payee address; City; State; Zip Code 3100 HANDLEY EDERVILLE RD. RICHLAND HILLS TX. 76118
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-06-14	Payee name MENANCE ENT. INC.
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Amount (\$) 484.42	Payee address; City; State; Zip Code 8208 DYNASTY DR FORT WORTH TX 76123
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-07-14	Payee name SQ. TORTA LAND
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Amount (\$) 8.11	Payee address; City; State; Zip Code 8721 BVD. N RICHLAND HILLS. 76180
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-07-14	Payee name SQ. TORTA LAND
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Amount (\$) 21.63	Payee address; City; State; Zip Code 821 BLVD. N RICHLAND HILLS 76180
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 7 of 17		2 FILER NAME PILAR CANDIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-07-14		5 Payee name SILVIA SILVA			
6 Amount (\$) 500.00		7 Payee address: City; State; Zip Code 2340 N. CHANDER DR. E FORT WORTH TX 75111			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) RENTAL EXPENSE		(b) Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 10-07-14		Payee name MONICA MALDONADO			
Amount (\$) 70.00		Payee address: City; State; Zip Code 917 WINNE ST. FORT WORTH TX. 76112			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR.		Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date 10-09-14		Payee name SUPERMERCADO EL RANCHO			
Amount (\$) 22.67		Payee address: City; State; Zip Code 1212 N BEACH ST. FORT WORTH TX. 76111			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date 10-09-14		Payee name SHELL GAS STATION			
Amount (\$) 58.21		Payee address: City; State; Zip Code 8121 ALLEY DR N LAKE TX. 76262			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE		Description (If travel outside of Texas complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8 of 17		2 FILER NAME: PILAR CANDIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 10-09-14		5 Payee name: Q TRIP			
6 Amount (\$): 80.67		7 Payee address, City, State, Zip Code: 3229 ALTAMERE FORT WORTH TX 76116			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): TRANSPORTATION EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		
9 Complete ONLY if direct expenditure to benefit C/OH		Date: 10-14-14			
		Payee name: ADVANCE AUTO PARTS			
		Amount (\$): 9.73			
		Payee address, City, State, Zip Code: 2300 HALTOM ROAD HALTOM CITY TX 76117			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): OTHER EXPENSE		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		
Complete ONLY if direct expenditure to benefit C/OH		Date: 10-14-14			
		Payee name: 7 ELEVEN GAS STATION			
		Amount (\$): 40.23			
		Payee address, City, State, Zip Code: 1401 W 7TH STREET FORT WORTH TX 76102			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): TRANSPORTATION EXPENSE		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		
Complete ONLY if direct expenditure to benefit C/OH		Date: 10-14-14			
		Payee name: WAL-MART SUPERCENTER			
		Amount (\$): 41.68			
		Payee address, City, State, Zip Code: 3851 AIRPORT FWY FORT WORTH TX 76111			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		
Complete ONLY if direct expenditure to benefit C/OH		Office held			

FILED
 TRAFFIC UNIT
 2014 OCT 27 PM 11:00
 STATE ETHICS COMMISSION
 SECTION 501.001

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F: **9 of 17** 2 FILER NAME: **PILAR CANDIA** 3 ACCOUNT # (Ethics Commission Filers):

4 Date: **10-14-14** 5 Payee name: **FACEBOOK.COM**

6 Amount (\$): **59.14** 7 Payee address: **WEB PAGE.** City: State: Zip Code:

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

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

Date: **10-14-14** Payee name: **EL PUERTO RESTAURANT**

Amount (\$): **72.96** Payee address: **2700 NE 28TH ST FORT WORTH TX 76111** City: State: Zip Code:

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

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

Date: **10-15-14** Payee name: **HARBOR FREIGHT TOOLS**

Amount (\$): **32.46** Payee address: **5628 TRAIL LAKE DR FORT WORTH TX 76133** City: State: Zip Code:

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

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

Date: **10-15-14** Payee name: **JIM AUSTIN**

Amount (\$): **300.00** Payee address: **2401 SCOTT FORT WORTH, TX 76103** City: State: Zip Code:

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10 of 17	2 FILER NAME PIJAR CANDIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-15-14	5 Payee name Q TRIP GAS STATION
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6 Amount (\$) 59.42	7 Payee address, City, State, Zip Code 1101 HEMPHILL ST FORT WORTH TX 76104
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-16-14	Payee name Q TRIP GAS STATION
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Amount (\$) 64.75	Payee address, City, State, Zip Code 109 NORTH SIDE DR. FORT WORTH TX 76164
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-16-14	Payee name MONICA MALDONADO
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Amount (\$) 120.00	Payee address, City, State, Zip Code 917 WINNIE ST. FORT WORTH TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-16-14	Payee name JENNI ALVARADO
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Amount (\$) 100.00	Payee address, City, State, Zip Code 265 PIMICO WAY SAGINAW TX 76179
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11 of 17	2 FILER NAME PILAR CANOIA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-20-14	5 Payee name BOOKER INDUSTRIES	
6 Amount (\$) 5,428.07	7 Payee address; City; State; Zip Code 2344 FERRINGTON, DALLAS TX 75207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10-23-14	Payee name HILARIO CISNEROS	
Amount (\$) 20.00	Payee address; City; State; Zip Code 2340 LINDA LN FORT WORTH TX 76119	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/23/14	Payee name TACO CASA	
Amount (\$) 38.43	Payee address; City; State; Zip Code 350 N. RIVERSIDE DR FORT WORTH TX 76111	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10-22-14	Payee name POSTCO	
Amount (\$) 254.53	Payee address; City; State; Zip Code 8900 TEHAMA RIDGE PKWY FORT WORTH TX 76177	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 12 of 17	2 FILER NAME PILAR CANOIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-21-14	5 Payee name HALTOM CITY SENIOR CENTER.
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6 Amount (\$) 25⁰⁰	7 Payee address; City; State; Zip Code 5000 BERENICE ST FORT WORTH TX 76111
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION/DONATION	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-21-14	Payee name GRISSEL CISNEROS
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Amount (\$) 50⁰⁰	Payee address; City; State; Zip Code 8142 DAYMIST DR #106 FORT WORTH TX 76140
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-21-14	Payee name ARACELI CASTAÑO
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Amount (\$) 50⁰⁰	Payee address; City; State; Zip Code 3624 LIPSOMB ST FORT WORTH TX 76110
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-21-14	Payee name FERNAN CISNEROS
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Amount (\$) 135⁰⁰	Payee address; City; State; Zip Code 2430 LINDCE LN FORT WORTH TX 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13 of 17	2 FILER NAME PILAR CANDIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-31-14	5 Payee name STEVE BROWN
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6 Amount (\$) 102⁰⁰	7 Payee address; City; State; Zip Code 25111 WEDGELEA DR. DALLAS TX 75211 APT. 215
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-31-14	Payee name MARISELA ORTEGA
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Amount (\$) 36⁰⁰	Payee address; City; State; Zip Code 616 WOODROW AVE FORT WORTH TX 76105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-31-14	Payee name REBECA JUAREZ
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Amount (\$) 45⁰⁰	Payee address; City; State; Zip Code 3229 PECOS ST. FORT WORTH TX 76119
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-31-14	Payee name MONICA MALDONADO
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Amount (\$) 60⁰⁰	Payee address; City; State; Zip Code 917 WINNIE ST FORT WORTH TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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TARRANT COUNTY
2014 OCT 27 PM 4:06

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 14 of 17	2 FILER NAME PILAR CANDIA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-20-14	5 Payee name LITTLE CESARS	
6 Amount (\$) 89.09	7 Payee address; City; State; Zip Code 3305 B N. MAIN ST FORT WORTH TX 76106	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10-20-14	Payee name MINUTEMAN PRESS	
Amount (\$) 220.36	Payee address; City; State; Zip Code 850 S. GREENVILLE AVE. STE 114 RICHARDSON TX 75081	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10-20/14	Payee name SOUTH WEST BANK	
Amount (\$) 15.00	Payee address; City; State; Zip Code 306 W. 7TH ST # 504 FORT WORTH, TX 76104	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/20/14	Payee name RELIANT ENERGY	
Amount (\$) 95.09	Payee address; City; State; Zip Code PO BOX 650475 DALLAS TX 75265	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 15 & 17	2 FILER NAME PILAR CANDIA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-30-14	5 Payee name KRISPY KREME	
6 Amount (\$) 37.16	7 Payee address; City; State; Zip Code 1550 N. COCKRELL HILL RD DALLAS TX 75211	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 16-30-14	Payee name KRISPY KREME	
Amount (\$) 9.49	Payee address; City; State; Zip Code 1550 N COCKRELL HILL RD, DALLAS TX 75211	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 10-30-14	Payee name SWEET TOMATOES	
Amount (\$) 45.42	Payee address; City; State; Zip Code 2901 W. 7TH ST FORT WORTH TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 10/30/14	Payee name 7 ELEVEN GAS STATION	
Amount (\$) 55.37	Payee address; City; State; Zip Code 801 W. BELKNAP ST. FORT WORTH TX 76106	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 16 of 17	2 FILER NAME PILAR CANSA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-22-14	5 Payee name CICI'S PIZZA
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6 Amount (\$) 30.61	7 Payee address; City; State; Zip Code 950 N. BEACH ST FORT WORTH TX 76111
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/ BEVERAGE.	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-22-14	Payee name MONICA MALDONADO
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Amount (\$) 100.00	Payee address; City; State; Zip Code 917 WINNIE ST FORT WORTH TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-22-14	Payee name LINDA FIANCEL PAYPAL CO.
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Amount (\$) 23.97	Payee address; City; State; Zip Code 1141 HENSON DR HURST TX 76053
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-22-14	Payee name ZIP PRINT CENTER.
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Amount (\$) 1,917.00	Payee address; City; State; Zip Code 3406 COOPER ST. STE 102 ARLINGTON TX 76015
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17 of 17	2 FILER NAME PILAR CANDIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-25-14	5 Payee name TACO BELL
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6 Amount (\$) 19.34	7 Payee address; City; State; Zip Code 1435 EASTCHASE PKWY FORT WORTH TX 76120
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED
TARRANT COUNTY

2014 OCT 27 PM 4:07

Account Name : Interest Plus Checking
Account Number : 1569664
Date Range : 10/15/2014-10/23/2014

Transaction #	Date	Description	Memo	Amount Debit	Amount Crec Balance	Check Num	Fees
2014102200	10/22/14	Check		10752.07	10752.07	1110	0
2014102200	10/22/14	Check		-50	10852.07	1102	0
2014102200	10/22/14	Reliant Energy 0121D 000071291244		-95.09	10902.07		0
2014102200	10/22/14	CICI'S PIZZA #481 Q60 FORT WORTH TX 0700		-30.61	10997.16		0
2014102200	10/22/14	PAYPAL TRANSFER 4EM228E67CUQY			23.97		0
2014102100	10/21/14	Service Charge		-15	11003.8		0
2014102100	10/21/14	Auto Interest Pymt			0.07		0
2014102100	10/21/14	Check		-60	11018.73	1109	0
2014102100	10/21/14	Check		-45	11078.73	1107	0
2014102100	10/21/14	Check		-36	11123.73	1106	0
2014102100	10/21/14	Check		-102	11159.73	1105	0
2014102100	10/21/14	Check		-50	11261.73	1103	0
2014102100	10/21/14	Check		-25	11311.73	1101	0
2014102000	10/20/14	Check		-135	11336.73	1104	0
2014102000	10/20/14	MINUTEMAN PRESS RICHARDSON TX 090004 MIN		-220.36	11471.73		0
2014102000	10/20/14	LITTLE CAESARS 1319 0005 FT WORTH TX 087		-89.09	11692.09		0
2014102000	10/20/14	801 W BELKNAP FORT WORTH TX 311337 7-ELE		-55.37	11781.18		0
2014102000	10/20/14	SWEET TOMATOES #130 FT WORTH TX 065468 S		-45.42	11836.55		0
2014102000	10/20/14	KRISPY KREME #978 DALLAS TX 050098 KRISP		-37.16	11881.97		0
2014102000	10/20/14	KRISPY KREME #978 DALLAS TX 050100 KRISP		-9.49	11919.13		0
2014101700	10/17/14	Check		-100	11928.62	1098	0
2014101600	10/16/14	Check		-120	12028.62	1099	0
2014101600	10/16/14	109 E NORTHSIDE DR FORT WORTH TX 609767		-64.75	12148.62		0
2014101600	10/16/14	1101 HEMPHILL ST FORT WORTH TX 595118 QU		-59.42	12213.37		0
2014101600	10/16/14	Deposit (Paper Deposit)			7750		0
2014101500	10/15/14	Check		-300	4522.79	1097	0
2014101500	10/15/14	HARBOR FREIGHT TOOLS USA NORTH RICHLAN T		-32.46	4822.79		0

9/25/14 = Bal = 8,884
 + Contrib Count 9,200
18,084
 - Gastos 14,294.45
3,789.55

