

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:
25

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX
Pilar Candia

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX
Felipe Gutierrez

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

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 14 THROUGH 12 / 31 / 14

11 ELECTION

ELECTION DATE Month Day Year
11 / 4 / 14
ELECTION TYPE
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice of the Peace precinct 1

GO TO PAGE 2

OFFICE USE ONLY
Date Received
Date Hand-delivered or Postmarked
Receipt # Amount
Date Processed
Date Imaged
BY: [Signature]
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
2015 JAN 15 PM 4:14
FILED
TARRANT COUNTY

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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2015 JAN 15 PM 4:15
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
BY:

17 CONTRIBUTION TOTALS

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

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

\$ 150⁰⁰

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 9,300.33

CONTRIBUTION BALANCE

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

\$ 0

OUTSTANDING LOAN TOTALS

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

\$

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pilar Candia, this the 15th day of January, 20 15, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Olliephine Anderson
Print name of officer administering oath

[Handwritten Signature]
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):	
2 FILER NAME <i>Maria Candia</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/4/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Texas Latino List Pac</i>	7 Amount of contribution (\$) <i>150</i>	8 In-kind contribution description (if applicable) FILED TARRANT COUNTY FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2015 JAN 15 PM 4:15
6 Contributor address: City; State; Zip Code <i>PO BOX Ft Worth TX 64025</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>NA</i>		10 Contributor's job title <i>NA</i>	
11 Contributor's employer/law firm <i>NA</i>		12 Law firm of contributor's spouse (if any) <i>NA</i>	
13 If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B(J):
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2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address: City: State: Zip Code		

10 Pledgor's principal occupation	11 Pledgor's job title
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12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
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14 If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		

(If travel outside of Texas, complete Schedule T)

Pledgor's principal occupation	Pledgor's job title
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Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
-----------------------------	---------------------------------------

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		

(If travel outside of Texas, complete Schedule T)

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

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

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2015 JAN 13 PM 4: 15
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ↗ ↘ ↗ ↘ ↗ ↘		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 Check if personal funds were deposited into political account <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
21 Guarantor address; City; State; Zip Code		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

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 ELECTIONS ADMINISTRATOR
 BY: _____

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 If lender 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.

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 2015 JAN 15 PM 4:15
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule F: <u>1/11</u>	2 FILER NAME <u>Pilar Candia</u>	3 ACCOUNT TYPE <u>Political Committee Filer</u>
4 Date <u>10/27</u>	5 Payee name <u>Taco Bell</u>	
6 Amount (\$) <u>19.34</u>	7 Payee address; City; State; Zip Code <u>1060 N. Beach Ft Worth TX 76111</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Food Beverage</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Food for Volunteers</u> <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 <u>10/27</u>	Payee name <u>Race Trac</u>	
Amount (\$) <u>47.92</u>	Payee address; City; State; Zip Code <u>620 C. Berry Ft Worth TX 76110</u>	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Travel in District</u>	Description (If travel outside of Texas, complete Schedule T) <u>Fuel</u> <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 <u>10/27/14</u>	Payee name <u>Booker Industries</u>	
Amount (\$) <u>1481.04</u>	Payee address; City; State; Zip Code <u>5415 Maple Ave Dallas TX 75235</u>	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>	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 <u>10/28/14</u>	Payee name <u>Dominos Pizza</u>	
Amount (\$) <u>28.94</u>	Payee address; City; State; Zip Code <u>7630 N. Beach Ft Worth TX 76111</u>	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Food Beverage</u>	Description (If travel outside of Texas, complete Schedule T) <u>Food for Volunteers</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation/Equipment Rental 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.

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 TARRANT COUNTY
 2015 JAN 15 PM 4:15 CA
 ELECTIONS ADMINISTRATOR
 FOR THE PHILLIPS

1 Total pages Schedule F: 11	2 FILER NAME	3 ACCOUNT NUMBER (Ethics Commission Filers)
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4 Date: 10/28/14	5 Payee name: Google
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6 Amount (\$): 50⁰⁰	7 Payee address; City; State; Zip Code: 1600 Amphitheater Pkwy Mountain View 94043
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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
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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: 10/28/14	Payee name: AT&T
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Amount (\$): 173⁰⁰	Payee address; City; State; Zip Code: 300 N. Point Pkwy, Alpharetta GA 30022
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Other	Description (If travel outside of Texas, complete Schedule T): Phone <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: 10/28/14	Payee name: U.S Post office
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Amount (\$): 3947.03	Payee address; City; State; Zip Code: 400 N. Retta Ft Worth TX 76111
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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): Mail Postage <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: 11/3/14	Payee name: Kristen Garcia
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Amount (\$): 100⁰⁰	Payee address; City; State; Zip Code: 1605 Carl Fort Worth 76103
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Event Expense	Description (If travel outside of Texas, complete Schedule T): Photography <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.

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 TARRANT COUNTY
 2015 JAN 15 PM 4:15
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule F: 11 2 María Candia 3 ACCOUNT (Ethics Commission Filers)

4 Date: 10/28/14 5 Payee name: Juan Daniel Garcia

6 Amount (\$): 50⁰⁰ 7 Payee address; City; State; Zip Code: 2102 Ross Ave Ft Worth TX 76104

8 PURPOSE OF EXPENDITURE: Contract Labor (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: 10/28/14 Payee name: Marisela Ortega

Amount (\$): 192⁰⁰ Payee address; City; State; Zip Code: 616 Woodrow Ft worth TX 76109

PURPOSE OF EXPENDITURE: Contract Labor 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: 10/28/14 Payee name: Yenni Alvarado

Amount (\$): 100⁰⁰ Payee address; City; State; Zip Code: 265 Pimlico Seginaw TX 76179 way

PURPOSE OF EXPENDITURE: Contract Labor 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: 10/29/14 Payee name: Terry Food Mart

Amount (\$): 28.40 Payee address; City; State; Zip Code: 2000 N. Beach Ft Worth TX 76111

PURPOSE OF EXPENDITURE: Food/Beverage 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: _____

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 11	2 FILER NAME	3 ACCOUNT NUMBER (Ethics Commission Filers)
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4 Date 10/29/14	5 Payee name QT
6 Amount (\$) 5480	7 Payee address; City; State; Zip Code 2501 NE 28th ST Ft Worth TX 76111

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel in District	(b) Description (If travel outside of Texas, complete Schedule T) Fuel <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 10/29/14	Payee name Juan Garcia #1120
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Amount (\$) 90⁰⁰	Payee address; City; State; Zip Code 2102 Ross Ft Worth TX 76164
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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 10/30/14	Payee name Versc Printing
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Amount (\$) 270⁶³	Payee address; City; State; Zip Code 2631 Brenner Dr Dallas TX 75220
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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) Printing <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 10/30/14	Payee name Concepcion Villa #1043
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Amount (\$) 18000	Payee address; City; State; Zip Code PO BOX Arlington TX 76615 152548
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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TARRANT COUNTY
JAN 15 PM 4:15
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

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.

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 TARRANT COUNTY
 2014 JUN 15 PM 4:15
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule F: 11 2 FILER NAME: Dilar Candia 3 ACCOUNT (Ethics Commission Filers):

4 Date: 10/31/14 5 Payee name: Pedro Juarez

6 Amount (\$): 164.35 7 Payee address; City; State; Zip Code: 2610 Goldenrod Ft Worth TX 76111

8 PURPOSE OF EXPENDITURE: Reimbursement
 (a) Category (See categories listed at the top of this schedule): Reimbursement
 (b) Description (If travel outside of Texas, complete Schedule T): Fuel
 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: 11/3/14 Payee name: Face Book

Amount (\$): 9.56 Payee address; City; State; Zip Code: 1601 Willow RD Menlo Park CA 94025

PURPOSE OF EXPENDITURE: _____
 Category (See categories listed at the top of this schedule): Advertising
 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: 11/3/14 Payee name: Donut Palace

Amount (\$): 19.1 Payee address; City; State; Zip Code: 3917 E. Belknap Ft 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): Food For Volunteers
 Check if Austin, TX, officeholder living expense

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

Date: 11/3/14 Payee name: CUS Pharmacy

Amount (\$): 30.17 Payee address; City; State; Zip Code: 1201 N. Beach Ft Worth TX 76111

PURPOSE OF EXPENDITURE: _____
 Category (See categories listed at the top of this schedule): Misc.
 Description (If travel outside of Texas, complete Schedule T): Office Supplies
 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.

FILED
 TARRANT COUNTY
 2014 JAN 15 PM 4:15
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule F: 11/3/14 11		2 FILER NAME Pilar Candis		3 ACCOUNT NO. (Ethics Commission Filers)	
4 Date 11/3/14		5 Payee name Griffs Burger			
6 Amount (\$) 32.50		7 Payee address, City, State, Zip Code 5525 E. Belknap Ft Worth TX 76117			
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 11/3/14		Payee name Face Book			
Amount (\$) 33.85		Payee address, City, State, Zip Code 16d Willow RD, Menlo Park CA 94025			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Exp		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 11/3/14		Payee name Mamma Mia's			
Amount (\$) 45.32		Payee address, City, State, Zip Code 3124 E. Belknap Ft 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/3/14		Payee name Charter Cable			
Amount (\$) 50.00		Payee address, City, State, Zip Code 4905 S. Hulen Ft Worth TX 76132			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Expense		Description (If travel outside of Texas, complete Schedule T) Internet <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Pilar Candia	3 ACCOUNT NUMBER (if applicable)
-------------------------------------	-------------------------------------	----------------------------------

4 Date 11/3/14	5 Payee name Marisela Ortega # 1045
--------------------------	---

6 Amount (\$) 392⁰⁰	7 Payee address: City, State, Zip Code 616 Woodrow Fr Worth TX 76109
--	--

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) Poll Greeter
	<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 11/3/14	Payee name Eunice Bustillos # 1047
------------------------	--

Amount (\$) 50⁰⁰	Payee address: City, State, Zip Code 9000 Beacon cr Fr Worth TX 76146
---------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement fuel	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 11/3/14	Payee name Eunice Bustillos # 1117
------------------------	--

Amount (\$) 35⁶⁴	Payee address: City, State, Zip Code 9000 Beacon cr Fr Worth TX 76146
---------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvaser
	<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 11/3/14	Payee name Danni L Marsh # 119
------------------------	--

Amount (\$) 281⁰⁰	Payee address: City, State, Zip Code 3509 Primrose Fr Worth TX 76111
--	--

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

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F: **11** 2 FILER NAME: **Pilar Candia** 3 ACCOUNT NUMBER: **11-11-11**

4 Date: **11/4/14** 5 Payee name: **Terry SuperMarket**

6 Amount (\$): **8.66** 7 Payee address; City; State; Zip Code: **2000 N. Riverside Dr**

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

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

Date: **11/4/14** Payee name: **Qdoba Mexican Grill**

Amount (\$): **24.57** Payee address; City; State; Zip Code: **6002 Camp Bowie Ft Worth TX 76109**

PURPOSE OF EXPENDITURE: **Food/Beverage**
 Category (See categories listed at the top of this schedule)
 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: **11/4/14** Payee name: **Quick Trip**

Amount (\$): **54.81** Payee address; City; State; Zip Code: **2501 NE 28th Haltom City TX**

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

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

Date: **11/4/14** Payee name: **Fobias Restaurant**

Amount (\$): **92.18** Payee address; City; State; Zip Code: **5000 Western Center Ft Worth TX 76137**

PURPOSE OF EXPENDITURE: **Event expense**
 Category (See categories listed at the top of this schedule)
 Description (If travel outside of Texas, complete Schedule T)
Wdrk Party
 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 |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Reimbursement |
| Consulting Expense | Food/Beverage Expense | Travel In District | Transportation/Equipment/Relief Expense |
| Event Expense | Polling Expense | Travel Out Of District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

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1 Total pages Schedule F: 11 2 FILER NAME: Pilar Candia 3 ACCOUNT NUMBER: _____

4 Date: 11/2/14 5 Payee name: Hilario Cisneros #1048

6 Amount (\$): 40⁰⁰ 7 Payee address: 2340 Linda Ln Ft Worth TX 76119

8 PURPOSE OF EXPENDITURE: Contract Labor
 (a) Category (See categories listed at the top of this schedule): Contract Labor
 (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: 11/5/14 Payee name: Eunice Bustillos #1050

Amount (\$): 180⁰⁰ Payee address: 9000 Beacon Ct Ft Worth TX 76146

PURPOSE OF EXPENDITURE: Contract Labor
 Category (See categories listed at the top of this schedule): Contract Labor
 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: 11/6/14 Payee name: Fogatas RESTAURANT #1049

Amount (\$): 390⁰⁰ Payee address: 5000 Western Center Ft Worth TX 76137

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

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

Date: 11/7/14 Payee name: SOUTHWEST Bank

Amount (\$): 1399 Payee address: 2200 W 7th Ft Worth TX 76107

PURPOSE OF EXPENDITURE: Other
 Category (See categories listed at the top of this schedule): Other
 Description (If travel outside of Texas, complete Schedule T): Bank Fee
 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
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 FRANKLIN COUNTY
 ELECTIONS ADMINISTRATOR

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F: 11		2 FILER NAME		3 ACCOUNT NUMBER (Ethics Commission Filers)	
4 Date 11/7/14		5 Payee name Taco Cabana			
6 Amount (\$) 23.72		7 Payee address; City; State; Zip Code 801 N Beach FtWorth TX 76111			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food / Beverage exp		(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 11/10/14		Payee name EXXON			
Amount (\$) 50⁰⁰		Payee address; City; State; Zip Code 2100 Hall Johnson Grapevine TX 76051			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel in District		Description (If travel outside of Texas, complete Schedule T) Fuel <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				
Date 11/10/14		Payee name Monica Maldonado #1042			
Amount (\$) 40⁰⁰		Payee address; City; State; Zip Code 917 Winnie ST, FtWorth 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: _____				
Date 11/10/14		Payee name Marisela Ortega #1051			
Amount (\$) 100⁰⁰		Payee address; City; State; Zip Code 616 Woodrow Ave FtWorth TX 76109			
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: _____				

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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 | |

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 ELECTORAL ADMINISTRATOR

1 Total pages Schedule F: 11	2 FILER NAME Dan L Mays	3 ACCOUNT NO (Ethics Commission Filers) # 1052
4 Date 11/10/14	5 Payee name Dan L Mays	
6 Amount (\$) 220	7 Payee address; City; State; Zip Code 3509 Primrose Ave, Ft Worth TX 76111	
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 12/19/2014	Payee name Reliant Energy	
Amount (\$) \$55.56	Payee address; City; State; Zip Code PO Box 650475 Dallas Texas 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
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

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1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 2 FILER NAME 3 ACCOUNT NUMBER (Ethics Commission Filers)

4 Date 5 Business name

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

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

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

Date Business name

Amount (\$) Business address; City; State; Zip Code

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

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

Date Business name

Amount (\$) Business address; City; State; Zip Code

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

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

Date Business name

Amount (\$) Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) 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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name	BY: _____ FRANK PHILLIPS ELECTIONS ADMINISTRATOR
--------	--------------	--

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

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Date	Payee name

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Date	Payee name

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Date	Payee name

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Date	Payee name

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

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 BK:

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

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GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

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ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

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 BY: _____

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A
- Schedule B
- Schedule C
- Schedule D
- Schedule E
- Schedule F
- Schedule G
- Schedule H
- Schedule N
- COH-UC
- COH-T
- PAC-C
- PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

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Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A
- Schedule B
- Schedule C
- Schedule D
- Schedule F
- Schedule G
- Schedule H
- Schedule N
- COH-UC
- COH-T
- PAC-C
- PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A
- Schedule B
- Schedule C
- Schedule D
- Schedule F
- Schedule G
- Schedule H
- Schedule N
- COH-UC
- COH-T
- PAC-C
- PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Pilar Candia

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

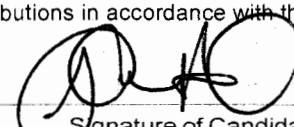
Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing the final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


 Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder