CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

===					1	
The C/OH INSTRUCTION GUIDE explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers) 00000001					2 PAGE# 1 of 4	
3	CANDIDATE /	MS/MRS/MR FIRST] 0000000	MI	OFFICE USE ONLY	
	OFFICEHOLDER NAME	Ms. Pilar				
	NAME	NICKNAME LAST		SUFFIX	Date Received	
		Candia		301111.	→ □ □	
4	CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; ST	ATE; ZIP CODE	5 0 - D-m	
	OFFICEHOLDER MAILING					
	ADDRESS				Date Hand delivered or Date Rostmarked	
	Change of Address					
	Olidinge of Addison				9: 3	
					Receipt # Amount	
5	CAMPAIGN	MS/MRS/MR FIRST		MI	Date Processed	
	TREASURER NAME	Mr. Felipe			Date Imaged	
		NICKNAME LAST		SUFFIX	<u> </u>	
		Gutierrez				
_	0445404					
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT /:	SUITE#; CIT	Y; STATE;	ZIP CODE	
	ADDRESS					
	(Residence or business)					
7	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION		
	TREASURER PHONE					
			·	·		
8	REPORT TYPE	X January 15 30th day before e	lection R	unoff	15th day after campaign treasurer	
					appointment (officeholder only)	
		July 15 Sth day before ele	ection	xceeded \$500 limit	Final report (Attach C/OH - FR)	
		can is	.s.s.	Nacoucu (Coo IIII)		
a	PERIOD					
•	COVERED	Month Day Year		Month Day	Year	
		тн 12/02/2013	ROUGH	01/15/20	14	
		12/02/2010		01710720	1-7	
10	ELECTION	ELECTION DATE ELECTION	TYPE			
		Month Day Year Prin	nary 🔲 Ru	unoff	General Special	
		11/04/2014	_	_	_	
	OFFICE		140			
11	OFFICE	OFFICE HELD (if any)	i	FFICE SOUGHT (if known)	District 4	
			Jus	stice of the Peace	DISTRICT	
		GO TO	DAGE 2			
	GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Cand	ia, Pilar (Ms.)	:	14 ACCOUNT # (Ethics Commission filers) 00000001		
15 NOTICE FROM	This box is for notice of political expenditures 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.				
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	ARRA N JAN CTIONS		
	GENERAL	COMMITTEE ADDRESS			
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	9: 33 ATOR 33		
_		COMMITTEE CAMPAIGN TREASURER ADDRESS	1		
16 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00		
	2. TOTAL F (OTHER	\$ 10,000.00			
EXPENDITURE TOTALS	3. TOTAL P	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0			
	4. TOTAL F	\$ 1,177.50			
CONTRIBUTION BALANCE	ONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	\$ 0.00			
17 AFFIDAVIT	<u>, , , , , , , , , , , , , , , , , , , </u>				
STATE OF VELSE	ROBINSON RODRIGU My Commission Expi November 29, 201	is true and correct and includes a me under Title 15, Election Code	of perjury, that the accompanying report all information required to be reported by		
AFHIX NOTARY S	TAMP / SEAL ABOV	4			
Sworn to and subscrib	11/	ne said <u>Maria Del Pilar Cand</u> tify which, witness my hand and seal of office.	this the day		
	, lo cel				
Signature of officer admin	nistering oath	Print name of officer administering oath	Relationship Bonker Title of officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	OTHER	THAN FEEDGES ON EOAI	13		
	The INSTRUCTION	ON GUIDE explains how to complete this form.	1 PAGE# Schedule: 1/1 Report: 3/4		
2	FILER NAME	Candia, Pilar (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Alameel Family Parnters, LTD.			
	12/02/2013	6 Contributor address; City; State; Zip Code 5020 Tanbark Dallas, TX 75229		\$10,000.00	
9		pation / Job title (See Instructions)	10 Employer (See In		
	Doctor		Self Employed		
				TARRANT COUNTY 2014 JAN 14 AM 9: 33 ELECTIONS ADMINISTRATOR BY:	

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing	Expense The Instruction Guid	Office Overhead/Rental E explains how to co		nter a category not listed above)
1 PAGE#		2 FILER NAME	***************************************		3 ACCOUNT # (TEC filers)
Schedule: 1/1 Re	eport: 4/4	Candia, Pilar (Ms.)			0000001
4 Date	5 Payee name	*			
12/08/2013	1	Fort Worth INC			
6 Amount (\$)	7 Payee addres	ss City; State; Zi	p Code		
\$177.50	4125 E. Bel	knaP St.			
,	Haltom City	, TX 76111			
8 PURPOSE	1	e Categories listed at the top of this	s schedule) (b)		ide of Texas, complete Schedule T)
OF	Food/Bever	age Expense	1	Thank you lunch for su	oporters
EXPENDITURE					
9 Complete ONLY if	Candidate / C	Officeholder name		Office sought:	Office held:
direct expenditure				·	5 m35 775.2.
to benefit C/OH					
Date	Payee name				
12/08/2013		nty Democratic Party			
Amount (\$)	Payee addres	= · · · · · · · · · · · · · · · · · · ·	p Code		
\$1,000.00	2806 Race : Fort Worth,				
	1 010 1101111,				·
	Category (Se	e Categories listed at the top of this	schedule)	Description (If travel outs	ide of Texas, complete Schedule T)
PURPOSE	Fees	o oatogorioo notoa at trio top or tric	, surioudio,	Filing fee with Tarrant (
OF EXPENDITURE			1	J	
20. 20. 30. 30. 20. 20. 20. 20. 20. 20. 20. 20. 20. 2					
Complete ONLY if direct expenditure	Candidate / C	Officeholder name		Office sought:	Office held:
to benefit C/OH					
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