

FORM COR-G/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1. ACCOUNT #		2. Total pages filed 35		OFFICE USE ONLY	
3. CANDIDATE/OFFICEHOLDER NAME		MS / MRS / MR Mrs. FIRST Lilla MI B. MIDDLE NAME "Lily" LAST Limon SUFFIX 		Date Received 2013 JUN 10 AM 10 CITY OF EL PASO, TEXAS Date Hand-Delivered or Postmarked Received at Amount \$0 Date Processed Date Indexed	
4. ORIGINAL REPORT TYPE		☐ January 15 ☐ July 15 ☐ 30th day before election ☐ 90th day before election ☐ Runoff ☐ Exceeded \$300 limit ☒ 15th day after treasurer appointment (officeholder only) ☐ Final report ☐ Other (specify)			
5. ORIGINAL PERIOD COVERED		Month Day Year 05 / 3 / 13 THROUGH 06 / 7 / 13			

6. EXPLANATION OF CORRECTION

The county automated website repeated deleted pages from my report each time I tried to save. The amended report includes all missing pages and updated totals for both campaign donations and expenditures.

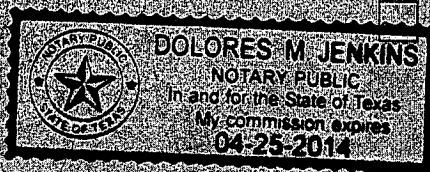
7. AFFIDAVIT

I swear, or affirm, under penalty of perjury that this corrected report is true and correct.

Check ONLY if applicable:

☐ Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear or affirm that any error or omission in the report as originally filed was made in good faith.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lilla B. Limon, this the 10th day of June

at 13 To certify which, witness my hand and seal of office

[Signature]
Signature of official administering oath

Dolores M. Jenkins
Printed name of official administering oath

[Signature]
Title of official administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith; and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

1. **Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
2. **Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
3. **Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
4. **Original Report Type.** Mark the type of report you are correcting.
5. **Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
6. **Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
7. **Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

CITY CLERK DEPT.

2013 JUN 10 AM 8:10

Texas Ethics Commission		P.O. Box 13070		Austin, Texas 78711-2070		(512) 463-6800		(TDD) 1-800-735-2999	
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT								FORM C/OH COVER SHEET PG 1	
The C/OH Instruction Guide explains how to complete this form.						1 ACCOUNTING Major Campaign Fund		2 Total report due 35	
3 CANDIDATE / OFFICEHOLDER NAME		LAST FIRST MI Mrs. Lilia B. Lily Limon				OFFICE USE ONLY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX APT / SUITE CITY STATE ZIP CODE 1301 Lonestar Dr. El Paso TX 79925				Date Received			
☐ Change of address						Date Hand-delivered or Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION (915) 253-1616				Receipt # Amount			
6 CAMPAIGN TREASURER NAME		LAST FIRST MI Mrs. Alicia R. Rhachon				Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS PO BOX / PO BOX APT / SUITE CITY STATE ZIP CODE 8937 A Old County El Paso, TX 79905				Date Rejected			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (915) 534-7438							
9 REPORT TYPE		☐ January 15 ☐ 90th day before election ☐ Fusion ☐ 15th day after campaign ☐ July 15 ☒ 30 day before election ☐ Extended \$250 limit ☐ First report (prior C/OH - PB)							
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 05/03/13 06/07/13							
11 ELECTION		Month Election Date Year 06/15/13				ELECTION TYPE ☐ Primary ☒ General ☐ Runoff ☐ Special			
12 OFFICE		OFFICE HELD (If any)				13 OFFICE Sought (If any) City Representative			
GO TO PAGE 2									

CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALSFORM C/OH
COVER SHEET PG 214 C/OH NAME Lilia Beatriz "Lily" Limón 15 ACCOUNT # (Ethics Commission File #)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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

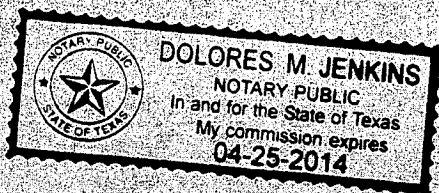
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,733.80
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 5,621.86
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,314.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,797.17
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 19, Election Code.

Lilia B. Limón
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lilia B. Limón, this the 10th day of June, 20 13, to certify which, witness my hand and seal of office.

Dolores M. Jenkins
Signature of officer administering oath

Dolores M. Jenkins
Printed name of officer administering oath

Notary
Title of officer administering oath

CITY CLERK DEPT.
2013 JUN 10 AM 8:12

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5900 (800) 690-735-2993

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1. Total pages Schedule A:

2. FILER NAME

Ulla Beatriz "Uly" Limon

3. ACCOUNT# (Ethics Commission Form)

4. Date
05-06-13

5. Full name of contributor
Marta Duron Hernandez

☒ out-of-state PAC ID#

7. Amount of contribution (\$)

\$50

8. In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6. Contributor address: City: State: Zip Code
10004 Salgon El Paso, TX 79925

9. Principal occupation / Job title (See instructions)

10. Employer (See instructions)

Date

05-06-13

Full name of contributor
Darryl Mena

☒ out-of-state PAC ID#

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code
708 River Elm El Paso, TX 79922

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

05-06-13

Full name of contributor
Cecil Mena

☒ out-of-state PAC ID#

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code
708 River Elm El Paso TX 79922

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

05-06-13

Full name of contributor
Jose M. Limon

☒ out-of-state PAC ID#

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code
1301 Lonewood Dr El Paso, TX 79925

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

05-06-13

Full name of contributor
Alidia R. Chacon

☒ out-of-state PAC ID#

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code
8937A Old County El Paso, TX 79906

Principal occupation / Job title (See instructions)

Employer (See instructions)

CITY CLERK DEPT.

2013 JUN 10 AM 8:12

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5600 (TDD) 1-800-735-2909

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME
Lilia Beatrix "Lily" Limon

3 ACCOUNT ID (Ethics Commission File)

4 Date
05-06-13

5 Full name of contributor

☐ out-of-state PAC (or)

Jesus E. Larriva, Jr.

7 Amount of
contribution (\$) \$1008 In-kind contribution
description (if applicable)

6 Contributor address

City: State: Zip Code

2914 Sea Breeze

El Paso TX 79925

(If in-kind outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date
05-10-13

Full name of contributor

☐ out-of-state PAC (or)

Dante H. Dunbar

Amount of
contribution (\$) \$350In-kind contribution
description (if applicable)

Contributor address

City: State: Zip Code

746 Rinconada

El Paso TX 79922

(If in-kind outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
05-10-13

Full name of contributor

☐ out-of-state PAC (or)

Guadalupe Arellano

Amount of
contribution (\$) \$100In-kind contribution
description (if applicable)

Contributor address

City: State: Zip Code

249 Pasodale

El Paso TX 79907

(If in-kind outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
05-14-09

Full name of contributor

☐ out-of-state PAC (or)

Laura Biggs

Amount of
contribution (\$) \$1,000In-kind contribution
description (if applicable)

Contributor address

City: State: Zip Code

5508 Salem

El Paso TX 79924

(If in-kind outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
05-14-13

Full name of contributor

☐ out-of-state PAC (or)

Guillermo Acosta

Amount of
contribution (\$) \$50In-kind contribution
description (if applicable)

Contributor address

City: State: Zip Code

6377 David Garcia

El Paso TX 79907

(If in-kind outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD) 1-800-735-2889

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.

1 Total pages: Schedule A

 2 FILER NAME:
Lila Beards "City" Limon

3 ACCOUNT# (Ethics Commission File#)

 4 Date:
05-20-13
5 Full name of contributor ☐ out-of-state PAC ID#

Pay/Pal Transfer Avila + Associates

7 Amount of contribution (\$) \$98.80

8 In-kind contribution description (if applicable)

6 Contributor address: City State Zip Code

5409 Lynbrook Place, Calif. 94521

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

 Date:
05-21-13
Full name of contributor ☐ out-of-state PAC ID#

Ed Soto

Amount of contribution (\$) \$100

In-kind contribution description (if applicable)

Contributor address: City State Zip Code

515 S. Kansas El Paso, TX 79901

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

 Date:
05-21-13
Full name of contributor ☐ out-of-state PAC ID#

Jorge Perez

Amount of contribution (\$) \$50

In-kind contribution description (if applicable)

Contributor address: City State Zip Code

7980 San Paulo El Paso, TX 79915

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

 Date:
05-21-13
Full name of contributor ☐ out-of-state PAC ID#

Bradley Roe

Amount of contribution (\$) \$100

In-kind contribution description (if applicable)

Contributor address: City State Zip Code

681 N. Cotton El Paso, TX 79901

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

 Date:
05-21-13
Full name of contributor ☐ out-of-state PAC ID#

Jose Lopez

Amount of contribution (\$) \$150

In-kind contribution description (if applicable)

Contributor address: City State Zip Code

2008 Pueblo Nuevo El Paso, TX 79936

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD) 1-800-735-2989

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1. Total pages Schedule A:

2. FILER NAME
Lila Bealitz "Lay" Linda

3. ACCOUNT # (Ethics Commission Files)

4. Date
05-21-13

5. Full name of contributor ☐ out-of-state PAC (Or)
George Salom, Jr.

7. Amount of
contribution (\$) \$250

8. In-kind contribution
description (if applicable)

6. Contributor address: City: State: Zip Code
107 S. El Paso St. El Paso, TX 79901

(If travel outside of Texas, complete Schedule T)

9. Principal occupation / Job title (See instructions)

10. Employer (See instructions)

Date
05-21-13

Full name of contributor ☐ out-of-state PAC (Or)
Stanley P. Iobe

Amount of
contribution (\$) \$1,000

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code
1180 Southview Dr. El Paso, TX 79928

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
05-21-13

Full name of contributor ☐ out-of-state PAC (Or)
Carmen Silva

Amount of
contribution (\$) \$500

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code
1000 S. Stanton El Paso, TX 79901

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
05-21-13

Full name of contributor ☐ out-of-state PAC (Or)
Martin Silva

Amount of
contribution (\$) \$200

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code
PO Box 13571 El Paso, TX 79913

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
05-21-13

Full name of contributor ☐ out-of-state PAC (Or)
Guadalupe Arriano

Amount of
contribution (\$) \$100

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code
249 Pendale El Paso, TX 79907

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

2013 JUN 10 AM 8:12

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD) 1-800-735-2889

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1. Total pages: Schedule A

2. FILER NAME
Lilia Bautista "Lily" Limon

3. ACCOUNT # (Ethics Commission File)

4. Date
06-29-13

5. Full name of contributor

☐ out-of-state PAC (OR)

Gerald Rubin

7. Amount of contribution (\$)

8. In-kind contribution description (if applicable)

\$1,000

(If travel outside of Texas, complete Schedule T)

6. Contributor address: City: State: Zip Code
538 Laurel Canyon El Paso, TX 79912

9. Principal occupation / Job title (See Instructions)

10. Employer (See Instructions)

Date
06-29-13

Full name of contributor

☐ out-of-state PAC (OR)

El Paso Sheriff's Officers Association

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$1,000

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code
747 E. San Antonio El Paso, TX 79901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06-29-13

Full name of contributor

☐ out-of-state PAC (OR)

Irene Epperson

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$1,000

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code
1400 Silent Sun Lane El Paso, TX 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06-29-13

Full name of contributor

☐ out-of-state PAC (OR)

Belen Robles

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$50

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code
3336 Fillmore El Paso, TX 79930

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06-29-13

Full name of contributor

☐ out-of-state PAC (OR)

Dusty Rhodes

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$50

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code
10720 Adams El Paso, TX 79935

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 453-5800

(TDD) 1-800-735-2889

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The instruction Guide explains how to complete this form.

1. Total pages Schedule A

2. FILER NAME

Lita Beatriz "Lily" Limón

3. ACCOUNT # (Ethics Commission Field)

4. Date

05-29-13

5. Full name of contributor☐ out-of-state PAC/DC

El Paso Municipal Police Officers Association

7. Amount of contribution (\$)

\$2,000

8. In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6. Contributor address:

751 Magoffin

City: State: Zip Code

El Paso, TX 79901

9. Principal occupation / Job title (See instructions)

10. Employer (See instructions)

Date

05-28-13

Full name of contributor☐ out-of-state PAC/DC

Enrique Moreno

Amount of contribution (\$)

\$2,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address:

751 Magoffin

City: State: Zip Code

El Paso, TX 79901

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

05-29-13

Full name of contributor☐ out-of-state PAC/DC

Biana Limón Romero

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address:

443 Opal Court

City: State: Zip Code

Altamonte Springs, FL 32714

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

05-29-13

Full name of contributor☐ out-of-state PAC/DC

Aaron Romero

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address:

443 Opal Court

City: State: Zip Code

Altamonte Springs, FL 32714

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

05-29-13

Full name of contributor☐ out-of-state PAC/DC

Carmen Rodriguez

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address:

100 N. Ochoa Suite C

City: State: Zip Code

El Paso, TX 79901

Principal occupation / Job title (See instructions)

Employer (See instructions)

2013 JUN 10 AM 8:12

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-3500 (TDD) 1-800-735-2989			
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS			SCHEDULE A
The instruction Guide explains how to complete this form.			1 Total Pages Schedule A: _____
2 FILER/NAME Lisa Beatrix "Liby" Limon		3 ACCOUNT # (Ethics Commission File) _____	
4 Date 05-08-13	5 Full name of contributor ☐ out-of-state PAC for Alicia R. Rosenkrantz	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address City State Zip Code 8337A Old County Drive El Paso, TX 79905		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 05-08-13	Full name of contributor ☐ out-of-state PAC for Jose Limon	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address City State Zip Code 1301 Lonestar Drive El Paso, TX 79928		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 05-16-13	Full name of contributor ☐ out-of-state PAC for Jesus E. Larriva, Jr.	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address City State Zip Code 2314 Sea Breeze El Paso, TX 79934		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 05-16-13	Full name of contributor ☐ out-of-state PAC for Manuel E. Ortega	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address City State Zip Code 6713 Morningside El Paso, TX 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 05-16-13	Full name of contributor ☐ out-of-state PAC for Irma Larriva	Amount of contribution (\$) \$61	In-kind contribution description (if applicable)
Contributor address City State Zip Code 2314 Sea Breeze El Paso, TX 79934		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	

CITY CLERK DEPT.

2013 JUN 10 AM 8:12

Texas Ethics Commission		P.O. Box 12070		Austin, Texas 78711-2070		(512) 463-5800		(TDD) 1-800-735-2969	
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS								SCHEDULE A	
The instruction Guide explains how to complete this form.						1. Total pages: Schedule A			
2. FILER NAME Lilia Beatriz Lity Limon						3. ACCOUNT# (Ethics Commission Filer)			
4. Date 06-07-13		5. Full name of contributor ☐ out-of-state PAC/DCR Marta Duron Hernandez				7. Amount of contribution (\$) \$50		8. In-kind contribution description (if applicable)	
		6. Contributor address: City, State, Zip Code 10004 Saigon Ave. El Paso, TX 79928						(If travel outside of Texas, complete Schedule T)	
9. Principal occupation / Job title (See instructions)					10. Employer (See instructions)				
Date 06-07-13		Full name of contributor ☐ out-of-state PAC/DCR Edmundo Terrazas				Amount of contribution (\$) \$50		In-kind contribution description (if applicable)	
		Contributor address: City, State, Zip Code 3440 Rutherglen El Paso, TX 79925						(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)					Employer (See instructions)				
Date 06-07-13		Full name of contributor ☐ out-of-state PAC/DCR Carolyn Parker				Amount of contribution (\$) \$75		In-kind contribution description (if applicable)	
		Contributor address: City, State, Zip Code 5790 Mira Grande Drive El Paso, TX 79912						(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)					Employer (See instructions)				
Date 06-07-13		Full name of contributor ☐ out-of-state PAC/DCR Laura E. Biggs				Amount of contribution (\$) \$170		In-kind contribution description (if applicable)	
		Contributor address: City, State, Zip Code 6568 Salem Drive El Paso, TX 79926						(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)					Employer (See instructions)				
Date 06-07-13		Full name of contributor ☐ out-of-state PAC/DCR Carmen Rodriguez				Amount of contribution (\$) \$200		In-kind contribution description (if applicable)	
		Contributor address: City, State, Zip Code 100 N. Ochoa El Paso, TX 79901						(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)					Employer (See instructions)				

2013 JUN 10 AM 8:12

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD) 1-800-735-2389

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The instruction Guide explains how to complete this form.

1. Total pages: Schedule A.

2. FILER NAME
Lila Branz City Union

3. ACCOUNT # (Ethics Commission Form)

4. Date
06-07-135. Full name of contributor ☐ out-of-state PAC (or)
Enrique Escobar7. Amount of
contribution (\$) \$2508. In-kind contribution
description (if applicable)6. Contributor address: City: State: Zip Code
301 E. Borderland #73 El Paso, TX 79922

(If travel outside of Texas, complete Schedule T)

9. Principal occupation / Job title (See instructions)

10. Employer (See instructions)

Date
06-07-13Full name of contributor ☐ out-of-state PAC (or)
Sergio GarciaAmount of
contribution (\$) \$1,000In-kind contribution
description (if applicable)Contributor address: City: State: Zip Code
1358 Golden Trail El Paso, TX 79906
Lane

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
06-07-13Full name of contributor ☐ out-of-state PAC (or)
Olivia AlbaAmount of
contribution (\$) \$1,000In-kind contribution
description (if applicable)Contributor address: City: State: Zip Code
14824 Pozo Rica El Paso, TX 79925

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
06-07-13Full name of contributor ☐ out-of-state PAC (or)
Susan M. BalkAmount of
contribution (\$) \$100In-kind contribution
description (if applicable)Contributor address: City: State: Zip Code
516 E. University Ave. El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
06-07-13Full name of contributor ☐ out-of-state PAC (or)
Regina B. MartinAmount of
contribution (\$) \$1,000In-kind contribution
description (if applicable)Contributor address: City: State: Zip Code
PO Box 20996 El Paso, TX 79990

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5600 (TDD) 1-800-735-2989

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.

1. Total pages: Schedule A:

2. FILER NAME:
Lila Beatriz "Lay" Limon

3. ACCOUNT # (Ethics Commission File):

4. Date:
06-07-135. Full name of contributor ☐ out-of-state PAC (or)
Linebarger, Goggan, Blair, and Sampson LLP7. Amount of
contribution (\$) :8. In-kind contribution
description (if applicable)6. Contributor address: City, State, Zip Code
PO Box 17428
El Paso, TX 79780

\$300

(If travel outside of Texas, complete Schedule T)

9. Principal occupation / Job title (See Instructions)

10. Employer (See Instructions)

Date:
06-07-13Full name of contributor ☐ out-of-state PAC (or)
Jose M. LimonAmount of
contribution (\$) :In-kind contribution
description (if applicable)Contributor address: City, State, Zip Code
1301 Lonewood
El Paso, TX 79925

\$1,000

(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 (or)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 (or)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 (or)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)

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD) 1-800-735-2980

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1. Total pages Schedule A

2. FILER NAME **Lilia Beatriz "Lily" Limon**

3. ACCOUNT # (Ethics Commission File)

4. Date

5. Full name of contributor

☐ out-of-state PAC ID#

7. Amount of contribution (\$)

8. In-kind contribution description (if applicable)

5/29/13

Gloria Espinoza

Contributor address: City, State, Zip Code

179 Arenda Lane
El Paso TX 79907

\$50

(If travel outside of Texas, complete Schedule T)

9. Principal occupation / Job title (See instructions)

10. Employer (See instructions)

Date

Full name of contributor

☐ out-of-state PAC ID#

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/28/13

Travis Johnson

Contributor address: City, State, Zip Code

201 E Main Suite 1600
El Paso TX 79901

\$500

(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)

5/28/13

Annie M. Olmon

Contributor address: City, State, Zip Code

406 Blacker
El Paso TX 79902

\$250.00

(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)

6/1/13

Juan + Dora Mera

Contributor address: City, State, Zip Code

365 Pendale Rd.
El Paso TX 79907

\$50.00

(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)

6/1/13

Emma Spalding

Contributor address: City, State, Zip Code

920 Blanchard Ave
EPT 79902

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

2013 JUN 10 AM 8:12

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD) 1-800-735-2986

PLEGGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form

1. Total pledges Schedule B:

2. FILER NAME
Lila Beatz "Lily" Lindor

3. ACCOUNT # (Ethics Commission File #)

4. TOTAL OF UNITEMIZED PLEDGES:

\$

5. Date

6. Full name of pledgor

☐ out-of-state PAC (or)

8. Amount of pledge (\$)

9. In-kind description (if applicable)

6/1/13

Luis de la Cruz

7. Pledgor address:

City: State: Zip Code

\$50.00

9613 Lant Dr

El Paso, Texas 79925

(If travel outside of Texas, complete Schedule T)

10. Principal occupation / Job title (See instructions)

11. Employer (See instructions)

Date

Full name of pledgor

☐ out-of-state PAC (or)

Amount of pledge (\$)

In-kind description (if applicable)

6/1/13

Eliza Beth McAlmon

Pledgor address:

City: State: Zip Code

\$500

1300 N. Stanton #507

El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of pledgor

☐ out-of-state PAC (or)

Amount of pledge (\$)

In-kind description (if applicable)

6/1/13

Guadalupe Arellano

Pledgor address:

City: State: Zip Code

\$100

249 Pendale, El Paso, TX 79907

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of pledgor

☐ out-of-state PAC (or)

Amount of pledge (\$)

In-kind description (if applicable)

6/1/13

Margarita Sanchez

Pledgor address:

City: State: Zip Code

\$100

8408 Lasso Circle

El Paso, TX 79907

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of pledgor

☐ out-of-state PAC (or)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:

City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 483-5800 TDD 1-800-735-2369

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1. Total paper Schedule A's

2. FILER NAME **Lilia Beatriz "Lily" Limón**

3. ACCOUNT # (Ethics Commission Filing)

4. Date
**June 1
2013**

5. Full name of contributor ☐ out-of-state PAC (P) **George Allen Garmendia**
6. Contributor address City State Zip Code
El Paso, Texas

7. Amount of contribution (\$) **20.-**

8. In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9. Principal occupation / Job title (See Instructions)

10. Employer (See Instructions)

Date
6/1/13

Full name of contributor ☐ out-of-state PAC (P) **Saima Esparza**
Contributor address City State Zip Code
**12233 Roberta Lynne Dr.
El Paso, TX 79936**

Amount of contribution (\$) **100.-**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/1/13

Full name of contributor ☐ out-of-state PAC (P) **Carlos Chacón**
Contributor address City State Zip Code **El Paso, TX**
418 Bonett 79907

Amount of contribution (\$) **70.-**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/1/13

Full name of contributor ☐ out-of-state PAC (P) **Paul Moreno**
Contributor address City State Zip Code
**2016 Atlanta Ave
El Paso, TX 79902**

Amount of contribution (\$) **300**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/1/13

Full name of contributor ☐ out-of-state PAC (P) **Don Moreno**
Contributor address City State Zip Code
**5217 Honda Pass
El Paso, TX 79924**

Amount of contribution (\$) **50**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

2013 JUN 10 AM 8:12

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD) 1-800-735-2889

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1. Total pages Schedule A:

2. FILER NAME

Lilia Beatriz "Lily" Limon

3. ACCOUNT # (Ethics Commission Form)

4. Date

June 1
2013

5. Full name of contributor

Anna Guzman

☐ out-of-state PAC ID#

6. Contributor address City State Zip Code

10216 Buckwood Dr
El Paso, TX, 79925

7. Amount of contribution (\$)

250-

8. In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9. Principal occupation / Job title (See instructions)

10. Employer (See instructions)

Date

6/1/13

Full name of contributor

Carlos Leon

☐ out-of-state PAC ID#

Contributor address City State Zip Code

12440 Sun Willow Ave
El Paso, TX, 79938

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

6/1/13

Full name of contributor

Virginia De La Vega

☐ out-of-state PAC ID#

Contributor address City State Zip Code

9351 Carranza Dr
El Paso, TX 79907

Amount of contribution (\$)

50-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

6/1/13

Full name of contributor

Emm. Quota

☐ out-of-state PAC ID#

Contributor address City State Zip Code

8904 WH Brges
El Paso, TX 79925

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

6/1/13

Full name of contributor

Hector Holguin

☐ out-of-state PAC ID#

Contributor address City State Zip Code

425 Camino Real
El Paso, TX, 79922

Amount of contribution (\$)

100-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Texas Ethics Commission		P.O. Box 12070 Austin, Texas 78711-2070		(512) 462-5800 (TDD) 1-800-735-2989	
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				SCHEDULE A	
The Instruction Guide explains how to complete this form.				1. Total pages Schedule A	
2. FILER NAME: Lilia Beatriz "Lily" Limon				3. ACCOUNT # (Ethics Commission Field)	
4. Date: 6/11/13	5. Full name of contributor: ☐ out-of-state PAC (OR) Eddie Holguin		7. Amount of contribution: (\$)	8. In-kind contribution description (if applicable)	
	6. Contributor address: City: El Paso , State: Texas , Zip Code: 79907		\$150		
9. Principal occupation / Job title (See Instructions)			10. Employer (See Instructions)		
Date: 6/11/13	Full name of contributor: ☐ out-of-state PAC (OR) Paco Dominguez		Amount of contribution: (\$)	In-kind contribution description (if applicable)	
	Contributor address: City: El Paso , State: Texas , Zip Code: 79907		\$100		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date: 6/11/13	Full name of contributor: ☐ out-of-state PAC (OR) Manuel E. Ortega		Amount of contribution: (\$)	In-kind contribution description (if applicable)	
	Contributor address: City: El Paso , State: Texas , Zip Code: 79904		\$25		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date: 6/11/13	Full name of contributor: ☐ out-of-state PAC (OR) Pepe Torres + Esther Rosencranz		Amount of contribution: (\$)	In-kind contribution description (if applicable)	
	Contributor address: City: El Paso , State: Texas , Zip Code: 79907		\$150		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date:	Full name of contributor: ☐ out-of-state PAC (OR)		Amount of contribution: (\$)	In-kind contribution description (if applicable)	
	Contributor address: City: State: Zip Code:				
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.					

2012 JUN 10 AM 8:12

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

THE DONOR OR PARTY DONOR (See Instructions)

THE CONTRIBUTION

1. DONOR: **Lilia Beatriz "Lily" Limón**

2. AMOUNT OF CONTRIBUTION

3. DATE: **5/27/12**
 4. CONTRIBUTOR'S NAME: **Lilia R. Limón**
 5. ADDRESS: **4415 Opal Court
 Alhambra Springs, FL 32714**

6. AMOUNT: **\$3,000**
 7. DATE RECEIVED: **5/27/12**
 8. PURPOSE: **Graphic design for campaign**

9. POLITICAL PARTY OR COMMITTEE

10. OFFICIAL NAME

11. DONOR: **Shelton H. Barnett**
 12. ADDRESS: **3912 Gateway Blvd East
 El Paso, TX 79907**

13. AMOUNT: **\$1,176**
 14. DATE RECEIVED: **5/27/12**
 15. PURPOSE: **60 admissions and party**

16. POLITICAL PARTY OR COMMITTEE

17. OFFICIAL NAME

18. DONOR: **Shelton H. Barnett**
 19. ADDRESS: **3912 Gateway Blvd East
 El Paso, TX 79907**

20. AMOUNT: **\$1,176**
 21. DATE RECEIVED: **5/27/12**
 22. PURPOSE: **60 admissions and party**

23. POLITICAL PARTY OR COMMITTEE

24. OFFICIAL NAME

25. DONOR: **Shelton H. Barnett**
 26. ADDRESS: **3912 Gateway Blvd East
 El Paso, TX 79907**

27. AMOUNT: **\$1,176**
 28. DATE RECEIVED: **5/27/12**
 29. PURPOSE: **60 admissions and party**

30. POLITICAL PARTY OR COMMITTEE

31. OFFICIAL NAME

32. DONOR: **Shelton H. Barnett**
 33. ADDRESS: **3912 Gateway Blvd East
 El Paso, TX 79907**

34. AMOUNT: **\$1,176**
 35. DATE RECEIVED: **5/27/12**
 36. PURPOSE: **60 admissions and party**

37. POLITICAL PARTY OR COMMITTEE

38. OFFICIAL NAME

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

THE CONTRIBUTOR OR PARTY DONOR (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1. Four pages Schedule E

1

2. FILER NAME

Lilia Beatriz "Lily" Limón

3. ACCOUNT # (Texas Commission File #)

4.

TOTAL OF UNITEMIZED LOANS:

0 0 0 0 0 0

\$

0

5. Date of loan

7. Name of lender

☐ out-of-state PAC (or)

9. Loan Amount (\$)

6. Is lender
a financial
institution?
Y N

8. Lender address: City State Zip Code

10. Interest rate

11. Maturity date

12. Principal occupation / Job title (See instructions)

13. Employer (See instructions)

14. Description of Collateral

☒ none

15. Check if personal funds were deposited into political account

☐16. GUARANTOR
INFORMATION

17. Name of guarantor

19. Amount Guaranteed (\$)

☒ not applicable

18. Guarantor address: City State Zip Code

20. Principal Occupation (See instructions)

21. Employer (See instructions)

Date of loan

Name of lender

☐ out-of-state PAC (or)

Loan Amount (\$)

Is lender
a financial
institution?
Y N

Lender address: City State Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

☒ none

Check if personal funds were deposited into political account

☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☒ not applicable

Guarantor address: City State Zip Code

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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Texas Ethics Commission		P.O. Box 12070		Austin, Texas 78711-2070		(512) 463-5800		(TDD) 1-800-735-2969	
PLEDGED CONTRIBUTIONS						SCHEDULE B			
The instruction guide explains how to complete this form.						1. Total pages Schedule B: 1			
2. FILER NAME Lilia Beatriz "Lily" Limón						3. ACCOUNT # (Ethics Commission File #)			
4. TOTAL OF UNITEMIZED PLEDGES: 0 0 0 0 0 0 0 0						5. \$			
6. Date	7. Full name of pledgor ☐ out-of-state PAC (or)			8. Amount of pledge (\$)		9. In-kind description (if applicable)			
	Pledgor address: City: State: Zip Code								
10. Principal occupation / Job title (See instructions)					11. Employer (See instructions)				
6. Date	7. Full name of pledgor ☐ out-of-state PAC (or)			8. Amount of pledge (\$)		9. In-kind description (if applicable)			
	Pledgor address: City: State: Zip Code								
Principal occupation / Job title (See instructions)					Employer (See instructions)				
6. Date	7. Full name of pledgor ☐ out-of-state PAC (or)			8. Amount of pledge (\$)		9. In-kind description (if applicable)			
	Pledgor address: City: State: Zip Code								
Principal occupation / Job title (See instructions)					Employer (See instructions)				
6. Date	7. Full name of pledgor ☐ out-of-state PAC (or)			8. Amount of pledge (\$)		9. In-kind description (if applicable)			
	Pledgor address: City: State: Zip Code								
Principal occupation / Job title (See instructions)					Employer (See instructions)				
6. Date	7. Full name of pledgor ☐ out-of-state PAC (or)			8. Amount of pledge (\$)		9. In-kind description (if applicable)			
	Pledgor address: City: State: Zip Code								
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.									

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Texas Ethics Commission		P.O. Box 12070		Austin, Texas 78711-2070		(512) 463-3800		(TDD) 1-800-735-2969	
POLITICAL EXPENDITURES						SCHEDULE F			
EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense		Gifts/Meals/Entertainment Expense		Salaries/Wages/Contract Labor		Loan Repayment/Reimbursement			
Accounting/Bookkeeping		Legal Services		Solicitation/Fundraising Expense		Transportation Equipment & Related Expense			
Consulting Expense		Food/Beverage Expense		Travel In/Out of State		Contributions/Donations Made By			
Event Expense		Polling Expense		Travel Out of District		Candidates/Officeholders/Political Committee			
Fees		Printing Expense		Office Overhead/General Expense		OTHER (name a category not listed above)			
The instruction guide explains how to complete this form.									
1. Total pages Schedule F:		2. FILER NAME Lilia Beatriz "Lily" Limon				3. ACCOUNT # (Ethics Commission filed)			
4. Date 06-07-13		5. Payee name Lunch Box							
6. Amount (\$) 136.94		7. Payee address City State Zip Code 667 N. Cordova El Paso, TX 79915							
8. PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food Expense				(b) Description (If listed outside of Texas, complete Schedule T) Walker Meals			
9. Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name				Office sought		Office held	
Date 06-07-13		Payee name David's Apparel							
Amount (\$) 356.38		Payee address City State Zip Code 9911 Carnegie El Paso TX 79925							
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising				Description (If listed outside of Texas, complete Schedule T) Campaign T-Shirts			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name				Office sought		Office held	
Date 06-06-13		Payee name Tom Gonzales							
Amount (\$) 470.00		Payee address City State Zip Code 5901 Legacy Ct El Paso TX 79912							
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salary				Description (If listed outside of Texas, complete Schedule T) Campaign Staff			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name				Office sought		Office held	
Date 06-06-13		Payee name Office Depot							
Amount (\$) 215.25		Payee address City State Zip Code 1111 Geronimo El Paso TX 79925							
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense				Description (If listed outside of Texas, complete Schedule T) Office Products			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name				Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD) 1-800-735-2989

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Craft/Awards/Memorabilia 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	Printing Expense	Travel Out Of District	Candidate/Officer/holder/Political Committee
Post	Printing Expense	Office Overhead/Related Expense	OTHER (Specify a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule F	2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Form)
---------------------------	--	--------------------------------------

4 Date 06-06-13	5 Payee name Walmart
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6 Amount (\$) 146.41	7 Payee address City State Zip Code 10727 Gateway Blvd W El Paso, TX 79935
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(b) Description (If travel outside of Texas, complete Schedule T) Walker/Phone Calls
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date 6-6-13	Payee name Xtreme Pizza
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Amount (\$) 50.63	Payee address City State Zip Code 1212 North Yarbrough El Paso, TX 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Walker/Phone Calls
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date 06-05-13	Payee name Jesus E. Larina Jr.
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Amount (\$) 131.11	Payee address City State Zip Code 2914 Seabreeze El Paso, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) Push Cards
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date 05-31-13	Payee name AUS
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Amount (\$) 2020 Mills	Payee address City State Zip Code El Paso, TX 79901
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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) Mailer
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
---	---------------------------------	---------------	-------------

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2013 JUN 10 AM 8:12

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5600

(TDD) 1-800-735-2069

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Billing
Consulting Expense
Event Expense
FeesGift/Award/Memorabilia Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalary/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation/Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F	2. FILER NAME Lilia Beatriz "Lily" Limón	3. ACCOUNT # (Ethics Commission filed)
4. Date 05-31-13	5. Payee name Vivian Rojas	
6. Amount (\$) 925.00	7. Payee address City State Zip Code Tulsa, OK 74115	
8. PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salary	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Staff
9. Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06-01-13	Payee name Laura Biggs	
Amount (\$) 470.00	Payee address City State Zip Code Salem, OR 97304	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Music
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06-03-13	Payee name Ted Carrasco	
Amount (\$) 530.00	Payee address City State Zip Code Tulsa, OK 74115	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T) Campaign Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06-03-13	Payee name Arturo Valdespino	
Amount (\$) 360.00	Payee address City State Zip Code 1211 Roswell, El Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T) Campaign Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD) 1-800-735-2989

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(2)

Advertising Expense	Gift/Wedding/Anniversary Expense	Salaries/Wages/Contract Labor	Losses/Repayment/Reimbursement
Accounting/Banking	Legal Services	Scholarship/Funding Expenses	Transportation Equipment & Related Expense
Consulting Expenses	Food/Beverage Expenses	Travel In District	Construction/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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 2. FILER NAME 3. ACCOUNT # (Ethics Commission Form)

4. Date 5. Payee name

05-29-13 Alex Zarate

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

60.00 10053 Imperial El Paso, TX 79924

8. PURPOSE OF EXPENDITURE (A) Category (See categories listed at the top of this schedule) (B) Description (If item is outside of Texas, complete Schedule I)

Salary Campaign Staff

9. Complete ONLY if direct expenditure to benefit COH Candidate / Officeholder name Office sought Office held

Date Payee name

05-29-13 La Tapachia

Amount (\$) Payee address City State Zip Code

463.60 8941 Old County Rd. El Paso, TX 79907

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If item is outside of Texas, complete Schedule I)

Food Campaign Worker - Tordeado

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

Date Payee name

05-29-13 Badge-A Minnit

Amount (\$) Payee address City State Zip Code

173.47 345 N Lewis Ave Oglethorpe, IL 61348

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If item is outside of Texas, complete Schedule I)

Advertising Expense Buttons

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

Date Payee name

05-29-13 Fed Ex Office

Amount (\$) Payee address City State Zip Code

631.11 1410 N. Lee Trevino El Paso, TX 79936

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If item is outside of Texas, complete Schedule I)

Printing Expense Copies

Complete ONLY if direct expenditure to benefit COH 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	Delivered Materials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Refund Payment
Accounting/Printing	Legal Services	Subsistence/Traveling Expense	Transportation Expenses/Related Expense
Cashiering Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Political Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Post	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1. Date 06-03-13	2. PAYER NAME Lilia Beatriz "Lily" Limon	3. ACCOUNTS (Check Commission Paid)
4. Date 06-03-13	5. Payee name Evangeline Quintana	
6. Amount (\$) 250.00	7. Payee address: City, State, Zip Code 108 New Orleans El Paso, TX 79915	
8. PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salary	(b) Description (If more than one item, complete Schedule F) Campaign Staff
9. Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name Office sought Office held	
Date 06-03-13	Payee name Dunkin' Donuts	
Amount (\$) 43.97	Payee address: City, State, Zip Code 1105 N. Yarbrough El Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If more than one item, complete Schedule F) Campaign Volunteers
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name Office sought Office held	
Date 06-03-13	Payee name Davids Pennants	
Amount (\$) 1,248.91	Payee address: City, State, Zip Code 9911 Carnegie El Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If more than one item, complete Schedule F) Campaign Signs
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name Office sought Office held	
Date 05-31-13	Payee name Envision	
Amount (\$) 1,581.00	Payee address: City, State, Zip Code 5426 North Mesa El Paso, TX 79912	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If more than one item, complete Schedule F) Radio
Complete ONLY if direct expenditure to benefit COH	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/Memorabilia 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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Related Expense	OTHER (Enter a category not listed above)

The instruction guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME Ella Beatriz "Liby" Limon	3 ACCOUNT # (Ethics Commission File #)
4 Date 05-30-13	5 Payee name Santhago Limon	
6 Amount (\$) 50.00	7 Payee address: City, State, Zip Code 5730 Middlesborough, El Paso, TX 79924	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salary	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Staff
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held
Date 05-30-13	Payee name Heriberto Barra	
Amount (\$) 1,100.00	Payee address: City, State, Zip Code 4528 Pershing, El Paso, TX 79903	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Photography
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held
Date 05-30-13	Payee name Economy Cash and Carry	
Amount (\$) 27.90	Payee address: City, State, Zip Code 1500 E. Paisano, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Water
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held
Date 05-30-13	Payee name Krispy Kreme	
Amount (\$) 167.88	Payee address: City, State, Zip Code 11915 Gateway Blvd W. El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Donuts for Seniors
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(B)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

399 Awards/Memorabilia Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

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

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

The instruction guide explains how to complete this form.

1 Total pages Schedule F 2 FILER NAME 3 ACCOUNT # (Ethics Commission File #)

4 Date 5 Payee name

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

8 PURPOSE OF EXPENDITURE 8(a) Category (See categories listed at the top of this schedule) 8(b) Description (If travel outside of Texas, complete Schedule T)

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

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)

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

Date Payee name

Amount (\$) Payee address City State Zip Code

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

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

Date Payee name

Amount (\$) Payee address City State Zip Code

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

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

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Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5600

(TDD) 1-800-735-2899

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expenses
Event Expense
Fees

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

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

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

The instruction guide explains how to complete this form.

1 Total Pages: Schedule F	2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission File #)
4 Date	5 Payee name Movier Club GP	
6 Amount (\$) 129.96	7 Payee address: City State Zip Code 11273 Pellicano Dr. El Paso, TX 79935	
8 PURPOSE OF EXPENDITURE	8(a) Category (Use categories listed at the top of this schedule) Food Expense	8(b) Description (If known outside of Texas, complete Schedule T) Poll Watch Event
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held
Date	Payee name Brunson Pump Service	
Amount (\$) 64.95	Payee address: City State Zip Code 15605 Horizon Blvd El Paso, TX 79928	
PURPOSE OF EXPENDITURE	Category (Use categories listed at the top of this schedule) Event Expense	Description (If known outside of Texas, complete Schedule T) Pork - Pot
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held
Date	Payee name Olmstead Kilk Paper	
Amount (\$) 309.90	Payee address: City State Zip Code 6600 Montana El Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (Use categories listed at the top of this schedule) Printing Expense	Description (If known outside of Texas, complete Schedule T) Paper and envelopes
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held
Date	Payee name Mickey's Ice & Ice Cream	
Amount (\$) 150.00	Payee address: City State Zip Code 120 Walker Street, El Paso, Texas, 79905	
PURPOSE OF EXPENDITURE	Category (Use categories listed at the top of this schedule) Food	Description (If known outside of Texas, complete Schedule T) Pallets
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD) 1-800-735-2889

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(B)

Advertising Expense	Cash/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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office-Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. This page Schedule F	2. FILER NAME Lilia Beatriz "Lily" Limón	3. ACCOUNT # (Ethics Commission File #)
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4. Date	5. Payee name Julio's
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6. Amount (\$) 95.61	7. Payee address: City, State, Zip Code 8050 Gateway Blvd. East, El Paso, Texas, 79907
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8. PURPOSE OF EXPENDITURE	8(a) Category (See categories listed at the top of this schedule) Food	8(b) Description (If item is outside of Texas, complete Schedule 1) Campaign Staff
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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 Carino's
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Amount (\$) 93.29	Payee address: City, State, Zip Code 1201 Airway, El Paso, Texas, 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If item is outside of Texas, complete Schedule 1) Campaign Staff
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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 Sams Club
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Amount (\$) 453.24	Payee address: City, State, Zip Code 7001 Gateway Blvd. West, El Paso, Texas, 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If item is outside of Texas, complete Schedule 1) Campaign Staff
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Arby's
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Amount (\$) 345.97	Payee address: City, State, Zip Code 1140 Hawkins Blvd., El Paso, Texas, 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If item is outside of Texas, complete Schedule 1) Campaign Staff
------------------------	--	--

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

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Austin, Texas 78711-2070

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX B(1)

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

The Instruction Guide explains how to complete this form.

1 Total pages (Schedule F)	2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filer)
4 Date	5 Payee name Texas Roadhouse	
6 Amount (\$) 135.77	7 Payee address: City, State, Zip Code 10729 Gateway Blvd Wht El Paso, TX 79925	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Staff
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name KVIA
Amount (\$) 1,912.50	Payee address: City, State, Zip Code 4146 Rio Bravo St. El Paso, TX 79902

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) TV commercials
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name
Amount (\$) 1,912.50	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)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name
Amount (\$) 1,912.50	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)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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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: **1**

2 FILER NAME

Lilia Beatriz "Lily" Limón

3 ACCOUNT # (Ethics Commission Filer)

4 Date

5 Name of person from whom amount is received

6 Amount
(\$)

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

7 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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1

2 FILER NAME

Lilia Bester "Lily" Limón

3 ACCOUNT # (Ethics Commission Filer)

4 Date

5 Name of person from whom amount is received

6 Amount (\$)

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

7 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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Lilia Beatriz Lily Limón

2 ACCOUNT # (Enter Commission File #)

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

CITY CLERK DEPT.
2013 JUN 10 AM 8:21

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 this 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