CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics C	ommission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Cecilia		MI	OFFICE	USE ONLY
NAME	NICKNAME CISSY	Lizarraga		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 513 UPSON PASO		CITY; STATE;	ZIP CODE	7/11/2021 6	5:39:17 PM
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(915) 21	PHONE NUMBER 2-0008	EXTENSI	ON	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MR	FIRST JOE		МІ	· 	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	MONVAME	ALCANTA	R	00111X	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (6389 CALLI	NO PO BOX PLEASE); APT / E AZUL 79912	SUITE #; CITY;	·	STATE; EL PA	ZIP CODE NSO
8 CAMPAIGN TREASURER PHONE	AREA CODE (915) 76	PHONE NUMBER	EXTENSI	NC		
9 REPORT TYPE	January 15	30th day before	election Run	off	15th day af treasurer ap (Officeholde	
	July 15	8th day before e	iccion	eeded Modified orting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	01/01	1/2021	THROUGH	06/30	0/2021	
11 ELECTION	ELECTION DA	Year Primary Genera		Other Description		
12 OFFICE	OFFICE HELD (if any) DISTRICT 8	REPRESENTAT		SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE CONSENT. CANDIDATES	CE OF POLITICAL CONTRIBUTION: SEHOLDER. THESE EXPENDITUR SAND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE V	VITHOUT THE CANE	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN TI	REASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME MRS Cecilia Liza	raga	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,285.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,043.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 27,202.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 0.00
rec	uired to be reported by me under Title 15, Election Code. MRS Cecilia Lizarrac *** Electronically Cert	
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit		
NOTARY STAMP/SEA		
		12 day of July
24	which, witness my hand and seal of office. Adriana Rosas	<u></u> uay 01 <u> </u>
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	_
My name is	, and my date of birth is	
My address is		
	(street) (city)	state) (zip code) (country)
Executed in	County, State of , on the day of(month	, 20 (year)
		., (your,
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Cor	nmission Filers)
MRS Cecilia Lizarraga		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 38,980.480
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	rions	\$ 1,305.000
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.000
4. SCHEDULE E: LOANS	\$ 0.000	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$ 15,043.160
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.000
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	LITICAL CONTRIBUTIONS	\$ 0.000
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.000
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	NAL FUNDS	\$ 0.000
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	NS TO A BUSINESS OF C/OH	\$ 0.000
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	ICAL CONTRIBUTIONS	\$ 0.000
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTO FILER	NTRIBUTIONS RETURNED	\$ 0.000

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to com	plete this	form.	1 Total pages Schedule A1:
2 FILER NAME MRS Cecilia	Lizarraga			3 Filer ID (Ethics Commission Filers)
4 Date		-of-state PAC	(ID#:	7 Amount of contribution (\$)
	E.C. Houghton, Jr.			
05/03/2021	6 Contributor address; Cit	ty;	State; Zip Code	2500
	210 N. Campbell St.			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Ins	ructions)
President			Houghton Finance	cial Partners
Date	Full name of contributor	-of-state PAC	(ID#:	_) Amount of contribution (\$)
	Ginger G. Francis			
04/28/2021	Contributor address; Ci	ty;	State; Zip Code	2500
	P.O. Box 3739			
Principal occup	pation / Job title (See Instructions)		Employer (See Inst	ructions)
Activist/Phila	nthropist		Self	
Date	Full name of contributor	-of-state PAC	(ID#:	_) Amount of contribution (\$)
	L. Frederick Francis]
04/28/2021	Contributor address; Cit	ty;	State; Zip Code	2500
	500 North Mesa Street			
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	ructions)
President			WestStar Bank	
Date	Full name of contributor out-	-of-state PAC	(ID#:	_) Amount of contribution (\$)
	Donald R Margo II & Adair W	Margo		
04/28/2021	Contributor address; City	y;	State; Zip Code	1000
	4845 Villa Encanto			
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	ructions)
Retired				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Revised 8/17/2020

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MRS Cecilia	Lizarraga			3 Filer ID (Ethics Commission Filers)
4 Date		out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Dan. W. Olivas			
04/27/2021	6 Contributor address;	City;	State; Zip Code	500
	240 Thunderbird Ste D			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
DBA			Speaking for your I	Destiny
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Deborah C. Kastrin			
04/27/2021	Contributor address;	City;	State; Zip Code	500
	3940 Flamingo			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Vice Preside	nt		Kasco Ventures	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	. Leonard. A., Goodman .III.			
04/27/2021	Contributor address;	City;	State; Zip Code	500
	4911 Meadowlark Dr.			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
CEO			Goodman Financia	al
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Linda Christina Troncoso)		
04/22/2021	Contributor address;	City;	State; Zip Code	2500
	730 McKelligon Dr.			
	pation / Job title (See Instructions)		Employer (See Instruc	
President			TRE & Associates,	LLC

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SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME MRS Cecilia	Lizarraga		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
	Richard A. Castro		
04/20/2021	6 Contributor address; City;	State; Zip Code	2500
	3332 Wedgewood		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Business Ow	ner	Self	
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Ike Monty, III		
04/19/2021	Contributor address; City;	State; Zip Code	500
	7400 Viscount Blvd. Suite 109		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
President		Investment Builder	s Inc.
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Patrick W. Gorman		
04/16/2021	Contributor address; City;	State; Zip Code	500
	1606 Dede LN		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
President		Gorman Industrial	
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	James F. Scherr		
04/15/2021	Contributor address; City;	State; Zip Code	1000
	109 N. Oregon St., Ste 1200		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Attorney		Self	

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SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
MRS Cecilia	Lizarraga				
4 Date	5 Full name of contributor ut-of-state PAC	: (ID#:)	7 Amount of contribution (\$)		
	Linebarger Goggan Blair & Sampsor	ı, LLP			
04/15/2021	6 Contributor address; City;	State; Zip Code	500		
	P.O. Boz 174258				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)		
Attorneys		Law Firm			
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)		
	Paul L. Foster				
04/15/2021	Contributor address; City;	State; Zip Code	2500		
	123 Mills Ave., Suite 600				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	•		
President		Franklin Mountain	Management, LLC.		
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)		
	Douglas A. Schwartz				
04/14/2021	Contributor address; City;	State; Zip Code	2500		
	P.O. Box 13611				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
CEO		Southwest Land D	evelopment		
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)		
	J. Kirk Robison				
04/13/2021	Contributor address; City;	State; Zip Code	2500		
	4445 N. Mesa, Ste. 100				
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Business Ow	vner	Self			

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SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MRS Cecilia	Lizarraga			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Maria F. Teran			
04/12/2021	6 Contributor address;	City;	State; Zip Code	2500
	4804 Encanto			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
CEO/Preside	ent		Sierra Machinery	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Stanley P. Jobe			
04/08/2021	Contributor address;	City;	State; Zip Code	2500
	1150 Southview Dr.			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Owner			Jobe Concrete	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	. Woody. L Hunt. & Gayle. G	3. Hunt		
05/13/2021	Contributor address;	City;	State; Zip Code	2500
	P.O. Box 12667			
	pation / Job title (See Instructions)		Employer (See Instruc	tions)
CEO/Chairm	an		Hunt Companies	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Mary Karlsruher			
04/13/2021	Contributor address;	City;	State; Zip Code	500
	1845 Northwestern Dr. S	uite C		
	pation / Job title (See Instructions)		Employer (See Instruc	·
President			CSA Design Group	Inc.

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SCHEDULE A1

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The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME MRS Cecilia	Lizarraga		3 Filer ID (Ethics Commission Filers)
4 Date		AC (ID#:)	7 Amount of contribution (\$)
04/14/2021	Richard Aguilar 6 Contributor address; City; 444 Executive Center Blvd., Suite 2	State; Zip Code	2500
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction EPT Land	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
04/19/2021	Thad Steele Contributor address; City; 511 Executive Center Blvd.	State; Zip Code	1000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	,
Tresident	1	T&T Stall Wallage	Hent inc.
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
04/26/2021	.Jack.Chapman	State; Zip Code	515.24
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Attorney		Weststar Bank	
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
04/28/2021	Stuart Schwartz Contributor address; City; 201 E. Main Dr., Suite 1100	State; Zip Code	200
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Attorney		Scott Hulse Law F	irm

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SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME MRS Cecilia	Lizarraga			3 Filer ID (Ethics Commission Filers)
4 Date		out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
04/28/2021	Adam Frank 6 Contributor address; 5678 N. Mesa	City;	State; Zip Code	1000
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
President	pation 7 des title (eee metactions)		River Oaks Propert	*
Date		out-of-state PAC	C (ID#:)	Amount of contribution (\$)
05/09/2021	Suzanne Dipp Contributor address; 515 Rim Road	City;	State; Zip Code	515.24
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Real Estate F	Provider		TX Real Estate Bro	oker
			771710011 = 010110 = 1	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/16/2021	Bill Burton Contributor address; 4105 Rio Brave St., Suite	City;	State; Zip Code	250
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
CEO			Mithoff Burton Part	iners
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT include this page in the report.**

Th	e Instruction Guide explains how to complete this form	1 Total pages Sched	, , , ,		
² FILER NAME MRS Cecilia Lizarraga			3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 04/28/2021 10 Principal occ CEO	Woody L. Hunt 7 Contributor address; City; State; Zip Code P.O. Box 12667 El Paso, Texas 79913 rincipal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) 11 Employee			9 In-kind contribution description Fundraiser de of Texas. Complete Schedule T. AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ıtor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description I description description I description	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	ver (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED		

Revised 8/17/2020

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable DO NOT include this page in the report

ii tiio roquot	sted information is not applicable, be not in	cidde tills page	in the report.	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
² FILER NAME MRS Cecilia	Lizarraga		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; Sta	ite; Zip Code		
			Check if travel outsi	I . ide of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outsi	l . ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outsi	i . ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	Zip Code		
			Check if travel outsi	I ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL CORIES	OE TUIS SCUEDIII	E AS NEEDED	

	LOANS				SCHEDULE E
	If the requested	l information is not applic	cable, DO NO	T include this page in the re	port.
	The	Instruction Guide explains	s how to compl	ete this form.	1 Total pages Schedule E:
	FILER NAME RS Cecilia Liz	zarraga			3 Filer ID (Ethics Commission Filers)
ļ	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan	7 Name of lender	out-of-state I	PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
	Y N				11 Maturity date
2	Principal occupation	on / Job title (See Instructions	s)	13 Employer (See Instructions)	
4	Description of Colla	ateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
6	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
		18 Guarantor address;	City;	State; Zip Code	
	not applicable			Γ	
20	Principal Occupat	ion (See Instructions)		21 Employer (See Instructions)	
	Date of loan	Name of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address;	City;	State; Zip Code	Interest rate
	Y N				Maturity date
	Principal occupation	on / Job title (See Instructions	s)	Employer (See Instructions)	
	Description of Colla	ateral		Check if personal fun	ds were deposited into political
	none			account (See Instruc	tions)
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
		Guarantor address;	City;	State; Zip Code	
	not applicable				

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Employer (See Instructions)

Principal Occupation (See Instructions)

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form

	The mistraction durac explains now to o	ompiete tina torini.		
1 Total pages Schedule F1:	2 FILER NAME MRS Cecilia Lizarraga		3 Filer ID (Ethic	s Commission Filers)
4 Date 04/28/2021	5 Payee name Smith Public Affairs			
6 Amount (\$) 2750	7 Payee address; 219 E. Mills. No. 334 El Paso, Texas 79943	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense / Event expense	(b) Description Fundraising		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/13/2021	Smith Public Affairs			
Amount (\$) 1485	Payee address; 219 E. Mills, No. 334 El Paso, Texas 79943	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense/Event expense	Description Fundraising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/10/2021	Barnes & Noble			
Amount (\$) 54.29	Payee address; 705 Sunland Park Dr. El Paso, Texas 79912	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead	Description Office supplies	s / thank you	cards
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Other (enter

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME MRS Cecilia Lizarraga		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
04/21/2021	United States Postal Service			
6 Amount (\$)	7 Payee address; 7383 Remcon Circle	City;	State; Zip Code	
77	El Paso, Texas 79912			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Office Overehead	Office supplies	s / postage	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			_
05/03/2021	Israel Irrobali Campaign			
Amount (\$)	Payee address; 11200 Endeavor Place	City;	State; Zip Code	
100	El Paso, Texas 79934			
PURPOSE	Category (See Categories listed at the top of this schedule) Other - Political Contribution	Description Political Contri	ibution	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
07/05/2021	Target			
Amount (\$)	Payee address; 801 Sunland Park Dr.	City;	State; Zip Code	
17.3	El Paso, Texas 79912			
	Category (See Categories listed at the top of this schedule) Office Overehead	Description Office supplies	s / stationery	
PURPOSE OF		2 moo oappnoo	, stationing	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	EDED	=

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form

	The instruction durac explains now to	somplete tins form.		
1 Total pages Schedule F1:	2 FILER NAME MRS Cecilia Lizarraga		3 Filer ID (Ethics	Commission Filers)
4 Date 04/20/2021	5 Payee name Office Depot			
6 Amount (\$) 69.24	7 Payee address; 1111 Geronimo Dr. El Paso, Texas 79925	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Office supplies	s / mailing sup	pplies
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/16/2021	Marco Camarillo			
Amount (\$)	Payee address; 9636 Stonehaven El Paso, Texas 79925	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: Youth Sports Contribution	Description Reimb. toward youth sports	l INV0208 On	eUniforms for
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/26/2021	PayPal			
Amount (\$) 15.24	Payee address; paypal.com	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Pee Deduction contribution	from electroi	nic political
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, 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 NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME MRS Cecilia Lizarraga		3 Filer ID (Ethics	s Commission Filers)
4 Date 05/09/2021	5 Payee name PayPal			
6 Amount (\$) 15.24	7 Payee address; paypal.com	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	n from electro	nic pol. contrib.	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/28/2021	PayPal			
Amount (\$) 29.3	Payee address; paypal.com	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Fee Deduction	n from electro	nic pol. contrib.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/28/2021	PayPal			
Amount (\$) 6.1	Payee address; paypal.com	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Fee Deduction	from electro	nic pol. contrib.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEE	EDED	
				D

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME MRS Cecilia Lizarraga		3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2021	5 Payee name PayPal		
6 Amount (\$) 29.3	7 Payee address; paypal.com	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Fee Deduction	ı from electronic pol. contrib.
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/16/2021	PayPal		
Amount (\$) 7.55	Payee address; paypal.com	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Fee Deduction	from electronic pol. contrib.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/14/2021	PayPal		
Amount (\$) 72.8	Payee address; paypal.com	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Pee Deduction	from electronic pol. contrib.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	DED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME MRS Cecilia Lizarraga		3 Filer ID (Ethics C	Commission Filers)
4 Date 04/13/2021	5 Payee name PayPal			
6 Amount (\$) 14.8	7 Payee address; paypal.com	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Fee Deduction	n from electroni	c pol. contrib.
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	kpense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
06/16/2021	Cecilia Lizarraga			
Amount (\$) 10000	Payee address; 513 Upson Dr. El Paso, Texas 79902	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Payoff outstan	iding loan to ca	mpaign
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	kpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice 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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ing Expense Travel Out Of D
ries/Wages/Contract Labor Other (enter a ca

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor ns how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME MRS Cecilia Lizarraga		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description	
	(c) Check if travel outside of Texas. Complete 9	Schedule T. Check if Aus	etin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	s schedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, **DO NOT include this page in the report.**

Tr	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
MRS Cecilia	Lizarraga	2			
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; City	y; State; Zip Code			
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City	r; State; Zip Code			
	Description of investment				
	Amount of investment (\$)				
,					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District

Candidate/Officeholder/Politica		ins how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME MRS Cecilia Lizarraga		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED) TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description	
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	is schedule) Description	
	Check if travel outside of Texas. Complete	e Schedule T. Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDIU E AS NE	FEDED

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel Out Of District Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Other (enter a category not listed above)

	nout out aymont			The Instruction	Guide explains	how to c	omplete	this form.				
_	Total pages Schedule G:		ER NAM						3 Filer	ID (Ethics	Commission	n Filers)
0		MRS	S Cecil	lia Lizarrag	а							
4	Date	5 Pay	yee name	9								
6	Amount (\$)	7 Pay	yee addr	ess;				City;		State;	Zip C	ode
	Reimbursement from political contributions intended											
8	PURPOSE OF EXPENDITURE	(a) Ca	ategory (S	Ory (See Categories listed at the top of this schedule) (b) Description		cription						
		(c)	Ch	eck if travel outside of To	exas. Complete Sched	lule T.		Check if Austir	n, TX, officeh	older living e	xpense	
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	(Candidat	e / Officeholder	name		Office so	ought			Office held	i
	Date	Pay	yee name	9								
	Amount (\$)	Pay	yee addr	ess;				City;		State;	Zip C	ode
	Reimbursement from political contributions intended											
PURPOSE OF EXPENDITURE		Ca	ategory (See Categories listed	at the top of this sche	edule)	Des	scription				
		Check if travel outside of Texas. Complete Schedule T. Check				Check if Austi	n, TX, officeh	older living e	xpense			
	Complete ONLY if direct expenditure to benefit C/0		Candidat	e / Officeholder	name		Office so	ought			Office held	t e
	Date	Pay	yee name	9								
	Amount (\$)	Pay	yee addr	ess;				City;		State;	Zip Cod	е
	Reimbursement from political contributions intended											
	PURPOSE OF EXPENDITURE	Ca	ategory (S	See Categories listed	at the top of this sche	edule)	Des	cription				
			Ch	eck if travel outside of T	exas. Complete Sched	lule T.		Check if Austir	n, TX, officeh	older living e	xpense	
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	(Candidat	e / Officeholder	name		Office so	ought			Office held	t d
			ATTAC	H ADDITIONA	L COPIES OF	THIS SO	CHEDUL	E AS NEED	DED			

City Clerk Dept. 7/12/2021 8:35:55 AM

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form

	The instruction during explains now to	o complete tins form.			
1 Total pages Schedule H:0	² FILER NAME MRS Cecilia Lizarraga		3 Filer ID (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			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED		

SCHEDULE |

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	² FILER NAME MRS Cecilia Lizarraga		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name	,			
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 required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:	
2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)	
MRS Cecilia	Lizarraga	(2000)		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; Star	te; Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Stat	te; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

City Clerk Dept. /12/2021 8:35:55 AM

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T: 0		
² FILER NAME MRS Cecilia Lizarraga		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / C	Corporation	or Labor Organization / Pledgor / P	ayee		
5 Contribution / Expendite Schedule A2 Schedule F2	Sche	on: edule B Schedule B(J) edule F4 Schedule G	Schedule C2 Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
6 Dates of travel	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					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expendit	ure reported	on:			
Schedule A2	Sche	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sche	edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s) traveling				
	Departure city or name of departure location				
Destination city or name of destination location					
Means of transportatio	on	Purpose of travel (including na	ame of conference, se	minar, or other event)	
Name of Contributor / 0	Corporation	or Labor Organization / Pledgor / P	ayee		
Contribution / Expendit	ure reported	on:			
Schedule A2	Schedu	le B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu	lle F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of	person(s) traveling			
	Departure city or name of departure location				
	Destinat	ion city or name of destination loca	ation		
Means of transportation Purpose of travel (including name of conference, seminar, or other event)			minar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

City Clerk Dept. /12/2021 8:35:55 AM

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" ••			
I C/OHI		2 Filer ID (Ethics Commission Filers)			
MRS C	ecilia Lizarraga				
SIGNA	ATURE				
design	t expect any further political contributions or political expenditures in ating a report as a final report terminates my campaign treasurer appign contributions or make any campaign expenditures without a cam	ointment. I also understand that I may not accept any			
	WHO IS NOT AN OFFICEHOLDER				
•• Con	nplete A & B below <i>only</i> if you are not an officeholder. ••				
A.	CAMPAIGN FUNDS				
Chec	k 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 incommay not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earner filing this final report. Further, I understand that I must dispose of interest or income earned on political contributions in accordance	ed interest or income earned on political contributions to to to unexpended contributions and that I may not retain and on political contributions longer than six years after unexpended political contributions and unexpended			
B.	ASSETS				
Chec	k only one:				
	I do not retain assets purchased with political contributions or inter-	est or other income from political contributions.			
	I do retain assets purchased with political contributions or interest that I may not convert assets purchased with political contributions personal use. I also understand that I must dispose of assets purchased with political contributions personal use. I also understand that I must dispose of assets purchased use and the property of the property o	or interest or other income from political contributions to			
		Signature of Candidate			
	EHOLDER Inplete this section only if you are an officeholder ••				
	I am aware that I remain subject to filing requirements applicable to ar file. I am also aware that I will be required to file reports of unexpend an officeholder, I retain political contributions, interest or other incompolitical contributions or interest or other income from political contributions.	led contributions if, after filing the last required report as e from political contributions, or assets purchased with			
		Signature of Officeholder			