



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> MRS Cecilia Lizarraga		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,285.48
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 15,043.16
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 27,202.55
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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



MRS Cecilia Lizarraga

\*\*\* Electronically Certified \*\*\*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cissy Lizarraga this the 12 day of July,  
20 21, to certify which, witness my hand and seal of office.

**Adriana Rosas**

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

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 \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19 FILER NAME</b> MRS Cecilia Lizarraga		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 38,980.480
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,305.000
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.000
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 0.000
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 15,043.160
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.000
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.000
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.000
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.000
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.000
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.000
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.000

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# MONETARY POLITICAL CONTRIBUTIONS

# 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: <b>7</b>
2 FILER NAME <b>MRS Cecilia Lizarraga</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/03/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>E.C. Houghton, Jr.</b>	7 Amount of contribution (\$) <b>2500</b>
6 Contributor address; City; State; Zip Code <b>210 N. Campbell St.</b>		
8 Principal occupation / Job title (See Instructions) <b>President</b>		9 Employer (See Instructions) <b>Houghton Financial Partners</b>
Date <b>04/28/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ginger G. Francis</b>	Amount of contribution (\$) <b>2500</b>
Contributor address; City; State; Zip Code <b>P.O. Box 3739</b>		
Principal occupation / Job title (See Instructions) <b>Activist/Philanthropist</b>		Employer (See Instructions) <b>Self</b>
Date <b>04/28/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>L. Frederick Francis</b>	Amount of contribution (\$) <b>2500</b>
Contributor address; City; State; Zip Code <b>500 North Mesa Street</b>		
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>WestStar Bank</b>
Date <b>04/28/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donald R Margo II &amp; Adair W Margo</b>	Amount of contribution (\$) <b>1000</b>
Contributor address; City; State; Zip Code <b>4845 Villa Encanto</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>MRS Cecilia Lizarraga</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/27/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dan. W. Olivas</b>	7 Amount of contribution (\$) <b>500</b>
6 Contributor address; City; State; Zip Code <b>240 Thunderbird Ste D</b>		
8 Principal occupation / Job title (See Instructions) <b>DBA</b>		9 Employer (See Instructions) <b>Speaking for your Destiny</b>
Date <b>04/27/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Deborah C. Kastrin</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>3940 Flamingo</b>		
Principal occupation / Job title (See Instructions) <b>Vice President</b>		Employer (See Instructions) <b>Kasco Ventures</b>
Date <b>04/27/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leonard A. Goodman III</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>4911 Meadowlark Dr.</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>Goodman Financial</b>
Date <b>04/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Christina Troncoso</b>	Amount of contribution (\$) <b>2500</b>
Contributor address; City; State; Zip Code <b>730 McKelligon Dr.</b>		
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>TRE &amp; Associates, LLC</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>MRS Cecilia Lizarraga</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/20/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard A. Castro</b>	7 Amount of contribution (\$) <b>2500</b>
6 Contributor address; City; State; Zip Code <b>3332 Wedgewood</b>		
8 Principal occupation / Job title (See Instructions) <b>Business Owner</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>04/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ike Monty, III</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>7400 Viscount Blvd. Suite 109</b>		
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>Investment Builders Inc.</b>
Date <b>04/16/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick W. Gorman</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code <b>1606 Dede LN</b>		
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>Gorman Industrial</b>
Date <b>04/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James F. Scherr</b>	Amount of contribution (\$) <b>1000</b>
Contributor address; City; State; Zip Code <b>109 N. Oregon St., Ste 1200</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
7

2 FILER NAME

MRS Cecilia Lizarraga

3 Filer ID (Ethics Commission Filers)

4 Date

04/15/2021

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

Linebarger Goggan Blair & Sampson, LLP

6 Contributor address; City; State; Zip Code

P.O. Box 174258

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

Attorneys

9 Employer (See Instructions)

Law Firm

Date

04/15/2021

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

Paul L. Foster

Contributor address; City; State; Zip Code

123 Mills Ave., Suite 600

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Franklin Mountain Management, LLC.

Date

04/14/2021

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

Douglas A. Schwartz

Contributor address; City; State; Zip Code

P.O. Box 13611

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Southwest Land Development

Date

04/13/2021

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

J. Kirk Robison

Contributor address; City; State; Zip Code

4445 N. Mesa, Ste. 100

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

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# MONETARY POLITICAL CONTRIBUTIONS

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**1** Total pages Schedule A1:  
**7**

**2** FILER NAME

MRS Cecilia Lizarraga

**3** Filer ID (Ethics Commission Filers)

**4** Date

04/12/2021

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Maria F. Teran

**6** Contributor address; City; State; Zip Code

4804 Encanto

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

2500

**8** Principal occupation / Job title (See Instructions)

CEO/President

**9** Employer (See Instructions)

Sierra Machinery

Date

04/08/2021

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

Stanley P. Jobe

Contributor address; City; State; Zip Code

1150 Southview Dr.

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Jobe Concrete

Date

05/13/2021

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

Woody L. Hunt & Gayle G. Hunt

Contributor address; City; State; Zip Code

P.O. Box 12667

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

CEO/Chairman

Employer (See Instructions)

Hunt Companies

Date

04/13/2021

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

Mary Karlsruher

Contributor address; City; State; Zip Code

1845 Northwestern Dr. Suite C

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

CSA Design Group Inc.

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>MRS Cecilia Lizarraga</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/14/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Aguilar</b>	7 Amount of contribution (\$) <b>2500</b>
6 Contributor address; City; State; Zip Code <b>444 Executive Center Blvd., Suite 238</b>		
8 Principal occupation / Job title (See Instructions) <b>CEO</b>		9 Employer (See Instructions) <b>EPT Land</b>
Date <b>04/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thad Steele</b>	Amount of contribution (\$) <b>1000</b>
Contributor address; City; State; Zip Code <b>511 Executive Center Blvd.</b>		
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>T&amp;T Staff Management Inc.</b>
Date <b>04/26/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jack Chapman</b>	Amount of contribution (\$) <b>515.24</b>
Contributor address; City; State; Zip Code <b>500 N. Mesa</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Weststar Bank</b>
Date <b>04/28/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stuart Schwartz</b>	Amount of contribution (\$) <b>200</b>
Contributor address; City; State; Zip Code <b>201 E. Main Dr., Suite 1100</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Scott Hulse Law Firm</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>MRS Cecilia Lizarraga</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/28/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Adam Frank</b>	7 Amount of contribution (\$) <b>1000</b>
6 Contributor address; City; State; Zip Code <b>5678 N. Mesa</b>		
8 Principal occupation / Job title (See Instructions) <b>President</b>		9 Employer (See Instructions) <b>River Oaks Properties</b>
Date <b>05/09/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Suzanne Dipp</b>	Amount of contribution (\$) <b>515.24</b>
Contributor address; City; State; Zip Code <b>515 Rim Road</b>		
Principal occupation / Job title (See Instructions) <b>Real Estate Provider</b>		Employer (See Instructions) <b>TX Real Estate Broker</b>
Date <b>04/16/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Burton</b>	Amount of contribution (\$) <b>250</b>
Contributor address; City; State; Zip Code <b>4105 Rio Brave St., Suite 100</b>		
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>Mithoff Burton Partners</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: 1	
2 FILER NAME MRS Cecilia Lizarraga		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/28/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody L. Hunt	8 Amount of Contribution \$ 1305	9 In-kind contribution description Fundraiser
7 Contributor address; City; State; Zip Code P.O. Box 12667 El Paso, Texas 79913		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) CEO		11 Employer (FOR NON-JUDICIAL)(See Instructions) Hunt Companies	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	.....		
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(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)			

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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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 B: <b>0</b>	
2 FILER NAME <b>MRS Cecilia Lizarraga</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# LOANS

# SCHEDULE E

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>0</b>
<b>2</b> FILER NAME MRS Cecilia Lizarraga		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y    N	<b>8</b> Lender address;                      City;                      State;                      Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral  <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address;                      City;                      State;                      Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial Institution?</b>  Y    N	<b>Lender address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b>  <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME <b>MRS Cecilia Lizarraga</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/28/2021</b>	<b>5</b> Payee name <b>Smith Public Affairs</b>	
<b>6</b> Amount (\$) <b>2750</b>	<b>7</b> Payee address; City; State; Zip Code <b>219 E. Mills. No. 334 El Paso, Texas 79943</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting expense / Event expense</b>	<b>(b)</b> Description <b>Fundraising</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>05/13/2021</b>	Payee name <b>Smith Public Affairs</b>	
Amount (\$) <b>1485</b>	Payee address; City; State; Zip Code <b>219 E. Mills, No. 334 El Paso, Texas 79943</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting expense/Event expense</b>	Description <b>Fundraising</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>04/10/2021</b>	Payee name <b>Barnes &amp; Noble</b>	
Amount (\$) <b>54.29</b>	Payee address; City; State; Zip Code <b>705 Sunland Park Dr. El Paso, Texas 79912</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Office overhead</b>	Description <b>Office supplies / thank you cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME <b>MRS Cecilia Lizarraga</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/21/2021</b>	<b>5</b> Payee name <b>United States Postal Service</b>	
<b>6</b> Amount (\$) <b>77</b>	<b>7</b> Payee address; City; State; Zip Code <b>7383 Remcon Circle El Paso, Texas 79912</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>	<b>(b)</b> Description <b>Office supplies / postage</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>05/03/2021</b>	Payee name <b>Israel Irrobali Campaign</b>	
Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>11200 Endeavor Place El Paso, Texas 79934</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other - Political Contribution</b>	Description <b>Political Contribution</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>07/05/2021</b>	Payee name <b>Target</b>	
Amount (\$) <b>17.3</b>	Payee address; City; State; Zip Code <b>801 Sunland Park Dr. El Paso, Texas 79912</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>	Description <b>Office supplies / stationery</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME <b>MRS Cecilia Lizarraga</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/20/2021</b>	<b>5</b> Payee name <b>Office Depot</b>	
<b>6</b> Amount (\$) <b>69.24</b>	<b>7</b> Payee address; City; State; Zip Code <b>1111 Geronimo Dr. El Paso, Texas 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>	<b>(b)</b> Description <b>Office supplies / mailing supplies</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>06/16/2021</b>	Payee name <b>Marco Camarillo</b>	
Amount (\$) <b>300</b>	Payee address; City; State; Zip Code <b>9636 Stonehaven El Paso, Texas 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other: Youth Sports Contribution</b>	Description <b>Reimb. toward INV0208 OneUniforms for youth sports</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/26/2021</b>	Payee name <b>PayPal</b>	
Amount (\$) <b>15.24</b>	Payee address; City; State; Zip Code <b>paypal.com</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Fee Deduction from electronic political contribution</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME <b>MRS Cecilia Lizarraga</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/09/2021</b>	<b>5</b> Payee name <b>PayPal</b>	
<b>6</b> Amount (\$) <b>15.24</b>	<b>7</b> Payee address; City; State; Zip Code <b>paypal.com</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Fee Deduction from electronic pol. contrib.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>04/28/2021</b>	Candidate / Officeholder name <b>PayPal</b>	
Amount (\$) <b>29.3</b>	Office sought <b>paypal.com</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Fee Deduction from electronic pol. contrib.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name <b>PayPal</b>		
Date <b>04/28/2021</b>	Office held	
Amount (\$) <b>6.1</b>	Office sought	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Fee Deduction from electronic pol. contrib.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name <b>PayPal</b>		
Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>6</b>		<b>2</b> FILER NAME <b>MRS Cecilia Lizarraga</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>04/19/2021</b>		<b>5</b> Payee name <b>PayPal</b>			
<b>6</b> Amount (\$) <b>29.3</b>		<b>7</b> Payee address; City; State; Zip Code <b>paypal.com</b>			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		<b>(b)</b> Description <b>Fee Deduction from electronic pol. contrib.</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>04/16/2021</b>		Payee name <b>PayPal</b>			
Amount (\$) <b>7.55</b>		Payee address; City; State; Zip Code <b>paypal.com</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Fee Deduction from electronic pol. contrib.</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>04/14/2021</b>		Payee name <b>PayPal</b>			
Amount (\$) <b>72.8</b>		Payee address; City; State; Zip Code <b>paypal.com</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Fee Deduction from electronic pol. contrib.</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME <b>MRS Cecilia Lizarraga</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/13/2021</b>	<b>5</b> Payee name <b>PayPal</b>	
<b>6</b> Amount (\$) <b>14.8</b>	<b>7</b> Payee address; City; State; Zip Code <b>paypal.com</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Fee Deduction from electronic pol. contrib.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>06/16/2021</b>	Payee name <b>Cecilia Lizarraga</b>	
Amount (\$) <b>10000</b>	Payee address; City; State; Zip Code <b>513 Upson Dr. El Paso, Texas 79902</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Loan Repayment/Reimbursement</b>	Description <b>Payoff outstanding loan to campaign</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 0	<b>2</b> FILER NAME MRS Cecilia Lizarraga	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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 F3: <b>0</b>
2 FILER NAME <b>MRS Cecilia Lizarraga</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	.....	
	6 Address of person from whom investment is purchased;                      City;                      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;                      State;                      Zip Code	
	Description of investment	
	Amount of investment (\$)	

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>0</b>	<b>2</b> FILER NAME <b>MRS Cecilia Lizarraga</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>0</b>	<b>2</b> FILER NAME <b>MRS Cecilia Lizarraga</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <b>0</b>	<b>2</b> FILER NAME <b>MRS Cecilia Lizarraga</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address;	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if 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 SCHEDULE AS NEEDED**

City Clerk Dept.  
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
0	MRS Cecilia Lizarraga	
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City State Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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# 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 Schedule K: <b>0</b>
2 FILER NAME <b>MRS Cecilia Lizarraga</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	..... 6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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# 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: <b>0</b>
2 FILER NAME <b>MRS Cecilia Lizarraga</b>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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 transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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 transportation	Purpose of travel (including name of conference, seminar, or other event)	

**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

MRS Cecilia Lizarraga

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing 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

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