

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00000002	2 Total pages filed: 6				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Cecilia	MI MI	OFFICE USE ONLY			
	NICKNAME Cissy	LAST Lizarraga	SUFFIX		Date Received ELECTRONICALLY FILED 12/22/2023		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 513 Upson Dr El Paso, TX 79902		ZIP CODE	Date Hand-delivered or Date Postmarked			
				Receipt #			
				Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Joe	MI MI				
	NICKNAME	LAST Alcantar	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6389 Calle Azul El Paso, TX 79912						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(915)	760-6950					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07	01	2023		12	31	2023
10 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> Other	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) Former City Representative Place El Paso El Paso				12 OFFICE SOUGHT (if known) None Place El Paso		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 6

13 C / OH NAME Lizarraga, Cecilia	14 Filer ID (Ethics Commission Filers) 00000002
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. 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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,851.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Cecilia Lizarraga

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Lizarraga, Cecilia		19 Filer ID (Ethics Commission Filers) 00000002
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,372.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt: 4/6	2 FILER NAME Lizarraga, Cecilia	3 Filer ID (Ethics Commission Filers) 00000002
4 Date 10/13/2023	5 Payee name Boys & Girls Clubs of El Paso	
6 Amount (\$) 100.00	7 Payee Address; City; State; Zip 801 S. Florence St El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fundraising donation to non profit	(b) Description (See instructions regarding type of information required.) El Paso Giving Day 2023
Date 11/07/2023	Payee name Chavez, Norma (Ms.)	
Amount (\$) 1,500.00	Payee Address; City; State; Zip El Paso, TX	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Campaign Contribution	(b) Description (See instructions regarding type of information required.) Candidate for State Representative
Date 08/31/2023	Payee name Flores, Bobby (Mr.)	
Amount (\$) 500.00	Payee Address; City; State; Zip P.O. Box 24221 El Paso, TX 79914	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Campaign Contribution	(b) Description (See instructions regarding type of information required.) Candidate for Office of El Paso County Sheriff
Date 08/18/2023	Payee name Gonzalez, Marlene (Judge)	
Amount (\$) 250.00	Payee Address; City; State; Zip 500 E. San Antonio Ave.. Suite 902 El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Campaign Contribution	(b) Description (See instructions regarding type of information required.) Candidate for Office of District Judge 388th Judicial District

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/3 Rpt: 5/6	2 FILER NAME Lizarraga, Cecilia	3 Filer ID (Ethics Commission Filers) 00000002
4 Date 11/16/2023	5 Payee name Mexican American Fronterizo MAD	
6 Amount (\$) 10.00	7 Payee Address; City; State; Zip El Paso, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Membership Fee	(b) Description (See instructions regarding type of information required.) Political Organization
Date 10/18/2023	Payee name PDNCF, Paso del Norte Community Foundation	
Amount (\$) 500.00	Payee Address; City; State; Zip 221 N. Kansas St., #1900 El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) El Paso Giving Day	(b) Description (See instructions regarding type of information required.) Nonprofit, Southwest Coalition, Inc.
Date 11/29/2023	Payee name Palafox, Gina (The Honorable)	
Amount (\$) 250.00	Payee Address; City; State; Zip 500 E. San Antonio Ave. Room 1203 El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Campaign Contribution	(b) Description (See instructions regarding type of information required.) Candidate for the 8th Court of Appeals, Place 3
Date 10/02/2023	Payee name Sociedad Cultural de Espana	
Amount (\$) 80.00	Payee Address; City; State; Zip 1400 North Mesa El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Cultural: Festival de Paella, fundraiser

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 3/3 Rpt: 6/6	2 FILER NAME Lizarraga, Cecilia	3 Filer ID (Ethics Commission Filers) 00000002
4 Date 08/17/2023	5 Payee name Tejanos Democrats of El Paso	
6 Amount (\$) 160.00	7 Payee Address; City; State; Zip El Paso, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event, table sponsor	(b) Description (See instructions regarding type of information required.) Political rally
Date 09/07/2023	Payee name Westside Democrats	
Amount (\$) 22.00	Payee Address; City; State; Zip 405 Valplano Dr El Paso, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Annual Membership	(b) Description (See instructions regarding type of information required.) Political organization