

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) 00000037	2 Total pages filed: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Lilia	MI	OFFICE USE ONLY <hr/> Date Received ELECTRONICALLY FILED 07/15/2024
	NICKNAME Lily	LAST Limon	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1301 Lonewood Dr El Paso, TX 79925		Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Alicia	MI	
	NICKNAME LAST Chacon	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8937A Old County Dr. El Paso, TX 79907		
7 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 534-7438	EXTENSION
8 REPORT TYPE	<input 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 checked="" 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 01/01/2024	THROUGH	Month Day Year 06/30/2024
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City Representative	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Limon, Lilia	14 Filer ID (Ethics Commission Filers) 00000037
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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)	\$ 10,865.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,828.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,159.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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.

Lilia Limon

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**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Limon, Lilia		19 Filer ID (Ethics Commission Filers) 00000037
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,090.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,775.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,828.03
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/21
2 FILER NAME Limon, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Fermin <hr/> 6 Contributor address; City; State; Zip Code 1436 Cedar Oak Dr. false El Paso, TX 79936	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) Retired
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Mirna (Mrs.) <hr/> Contributor address; City; State; Zip Code 1606 Radford St. false El Paso, TX 79903	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Retired
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Elisa (Mrs.) <hr/> Contributor address; City; State; Zip Code 3472 Proud Eagle Dr. false El Paso, TX 79936	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aremdariz, Jr., Albert (Mr.) <hr/> Contributor address; City; State; Zip Code 6204 Bluff View Place false El Paso, TX 79912	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Elizabeth Urbina (Ms.) <hr/> Contributor address; City; State; Zip Code 8821 Clavel Dr. false El Paso, TX 79907	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) YISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/21
2 FILER NAME Limon, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 05/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Ben (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code 3501 Hueco Ave. false El Paso, TX 79903	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Recovery Alliance
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Kevin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 11604 Coleen Way false El Paso, TX 79936	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Jong Davis, Alicia (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 4101 N. Stanton St. false El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Journalist		Employer (See Instructions) Self
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Alfonso G. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 10605 Mary Megan Ct. false El Paso, TX 79935	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engels, Jan (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 2219 King James Pl. false El Paso, TX 79903	
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/21
2 FILER NAME Limon, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 05/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faraone, Pam (Mrs.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 1370 Vista Granada false El Paso, TX 79925	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fierro, Enriqueta (The Honorable)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 8612 Whitus Dr. false El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Retired
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Mayte	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 912 Magoffin Ave. false El Paso, TX 79901	
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Law Office
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez Hensgen, Linda (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2109 Windrock St. false El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Hector (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 11621 Laura Marie Dr. false El Paso, TX 79936	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/21
2 FILER NAME Limon, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Mary (Mrs.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 5801 Silver Springs Dr. Apt. 301 false El Paso, TX 79912	
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Retired
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeser, Oscar V. (The Honorable)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 7101 N. Mesa #374 false El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Elected Official		Employer (See Instructions) City of El Paso
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon, Lily (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 724 Cheltenham Drive El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limón, José (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 1301 LONEWOOD DR false El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Retired
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limón, María del Socorro (Ms.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code 5421 Sweetwater Dr. false El Paso, TX 79924	
Principal occupation / Job title (See Instructions) Grant Writer and Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/21
2 FILER NAME Limon, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 05/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medicia, Patricia (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code 1319 N. Oregon false El Paso, TX 79902	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Hal Marcus Gallery
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Arturo (Mr.) <hr/> Contributor address; City; State; Zip Code 510 E. University false El Paso, TX 79902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Retired
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musel, Lynn M. (Mrs.) <hr/> Contributor address; City; State; Zip Code 11372 Bob Mitchell Dr. false El Paso, TX 79936	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neria, Pedro (Mr.) <hr/> Contributor address; City; State; Zip Code 4420 Bliss Ave. false El Paso, TX 79903	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivas, Triana (Mrs.) <hr/> Contributor address; City; State; Zip Code 18220 Andalucia Dr. false El Paso, TX 79925	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/21
2 FILER NAME Limon, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oropeza, Tony (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code 10248 Valle Rico false El Paso, TX 79927	
8 Principal occupation / Job title (See Instructions) Construction		9 Employer (See Instructions) Retired
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Manuel E. (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6713 Morningside false El Paso, TX 79904	
Principal occupation / Job title (See Instructions) Engineeer		Employer (See Instructions) Retired
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Anna L. (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 673 Santaigo Bustamante Ave. false Ysleta Del Sur, TX 79927	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosas, Alice (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3615 Nehemiah false El Paso, TX 79936	
Principal occupation / Job title (See Instructions) Administrative Officer		Employer (See Instructions) County of El Paso
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, Enriqueta (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 262 Tulane Dr. false El Paso, TX 79907	
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/21
2 FILER NAME Limon, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 05/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sifuentes, Bertha (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code 1601 Dakota St. false El Paso, TX 79930	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto, Ed (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 6750 Northridge Dr. false El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Kathy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 7289 Cactus Spine Lane false El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code PO Box 12307 false El Paso, TX 79913	
Principal occupation / Job title (See Instructions) Fire Fighter		Employer (See Instructions) El Paso Fire Department
Date 06/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trujillo, Anthony J. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code PO Box 1470 false Canutillo, TX 79835	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/21
2 FILER NAME Limon, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 06/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trujillo, Therese M. (Ms.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 16321 Pacific Coast Highway Spc 166 Pacific Palisades, CA 90272		
8 Principal occupation / Job title (See Instructions) Producer		9 Employer (See Instructions)
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Victor (Mr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 6435 Los Robles false El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Realty One Group
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Sofia (Mrs.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 625 Willow Brook Way false El Paso, TX 79922		
Principal occupation / Job title (See Instructions) Speech Pathologist		Employer (See Instructions) Tresco

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/21	
2 FILER NAME Limon, Lilia		3 Filer ID (Ethics Commission Filers) 00000037	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie, Holguin	8 Amount of contribution (\$) \$1,500.00	9 In-kind contribution description Consultant Services
	7 Contributor address; City; State; Zip Code PO Box 17346 El Paso, TX 79917	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Political Consultant		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
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 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) José, Limón (Mr.)	Amount of contribution (\$) \$275.00	In-kind contribution description Materials for signs and campaign items.
	Contributor address; City; State; Zip Code 1301 LONEWOOD DR false El Paso, TX 79925	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Unemployed		Employer (FOR NON-JUDICIAL) (See instructions) Retired	
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)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 13/21
2 FILER NAME Limon, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 05/16/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon, Lilia B (Mrs.)	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 1301 LONEWOOD DR false El Paso, TX 79925	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Political Consultant		13 Employer (See Instructions) Sun Circle Strategic Group
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/8 Rpt: 14/21	2 FILER NAME Limon, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4 Date 05/24/2024	5 Payee name Airport Printing	
6 Amount (\$) \$269.54	7 Payee address; City; State; Zip Code 7 Leigh Fisher Blvd. Ste E El Paso, TX 79906	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Announcement invitations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/10/2024	Payee name Amazon	
Amount (\$) \$92.98	Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BlackToner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/10/2024	Payee name Amazon	
Amount (\$) \$260.53	Payee address; City; State; Zip Code 410 Terry Ave. N. Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Color Toners
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/8 Rpt: 15/21	2 FILER NAME Limon, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
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4 Date 05/28/2024	5 Payee name Campaign Verify
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6 Amount (\$) \$95.00	7 Payee address; City; State; Zip Code 121531st St. NW Washington, DC 20007-9998
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Authenticity
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/05/2024	Payee name Cognent
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Amount (\$) \$72.00	Payee address; City; State; Zip Code PO Box 536421 Orlando, FL 32853
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/29/2024	Payee name Constant Contact
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Amount (\$) \$53.30	Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email platform
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/8 Rpt: 16/21	2 FILER NAME Limon, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
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4 Date 05/29/2024	5 Payee name Dollar Tree
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6 Amount (\$) \$13.53	7 Payee address; City; State; Zip Code 9513 Viscount Blvd El Paso, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table covers
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/29/2024	Payee name Dollar Tree
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Amount (\$) \$73.07	Payee address; City; State; Zip Code 1117 Geronimo Dr. false El Paso, TX 79925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for announcement event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/29/2024	Payee name El Super
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Amount (\$) \$16.68	Payee address; City; State; Zip Code 10501 Gateway Blvd W El Paso, TX 79925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Limes
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/8 Rpt: 17/21	2 FILER NAME Limon, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
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4 Date 05/28/2024	5 Payee name Harland Clarke Check
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6 Amount (\$) \$53.88	7 Payee address; City; State; Zip Code 5800 Northwest Pkwy Austin, TX 78249
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Order
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/24/2024	Payee name L2, Inc
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Amount (\$) \$308.05	Payee address; City; State; Zip Code 18912 N. Parkway, Ste 201 Bothll, WA 98011
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/05/2024	Payee name Luigi's Homestyle
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Amount (\$) \$63.66	Payee address; City; State; Zip Code 321 E. Mills El Paso, TX 79901
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for volunteers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/8 Rpt: 18/21	2 FILER NAME Limon, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4 Date 05/30/2024	5 Payee name Mena, Alan	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 12557 Twin Leaf Dr. El Paso, TX 79928	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2024	Payee name Meta	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 Hacker Wy Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/20/2024	Payee name Meta	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 Hacker Wy Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 6/8 Rpt: 19/21	2 FILER NAME Limon, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4 Date 06/27/2024	5 Payee name Meta	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 1 Hacker Wy Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/20/2024	Payee name Meta	
Amount (\$) \$7.14	Payee address; City; State; Zip Code 1 Hacker Wy Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2024	Payee name Scale To Win	
Amount (\$) \$82.56	Payee address; City; State; Zip Code 13742 Harper Santa Anna, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting platform
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 7/8 Rpt: 20/21	2	FILER NAME Limon, Lilia	3	Filer ID (Ethics Commission Filers) 00000037
4	Date 05/24/2024	5	Payee name TDP		
6	Amount (\$) \$605.00	7	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Voter Action Network	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Action Network		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/06/2024		Payee name TMobile		
	Amount (\$) \$10.83		Payee address; City; State; Zip Code 1200 McRae Blvd El Paso, TX 79925		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Line Activation		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/23/2024		Payee name Taco Men		
	Amount (\$) \$600.00		Payee address; City; State; Zip Code 3832 Rocio St. El Paso, TX 79936		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and Drinks		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 8/8 Rpt: 21/21	2 FILER NAME Limon, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4 Date 05/29/2024	5 Payee name The Knot Worldwide, Inc	
6 Amount (\$) \$222.57	7 Payee address; City; State; Zip Code PO Box 32177 New York, NY 10087-2177	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you stationery
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2024	Payee name US Postal Services	
Amount (\$) \$136.00	Payee address; City; State; Zip Code 8401 Boeing Dr. El Paso, TX 79910-9996	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for announcement event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2024	Payee name Zapa Graphics	
Amount (\$) \$481.71	Payee address; City; State; Zip Code 3410 Wickham Ave. Ste 100 El Paso, TX 79904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners and signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held