FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 74 00000037 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Lilia NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Lily Limón CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked CITY; ZIP CODE **OFFICEHOLDER** 1301 Lonewood Dr MAILING Amount Receipt # **ADDRESS** Change of Address El Paso, TX 79925 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Alicia NAME NICKNAME LAST **SUFFIX** Chacon STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 8937A Old County Dr. **ADDRESS** (Residence or Business) El Paso, TX 79907

EXTENSION

THROUGH

Primary

X General

Runoff

Exceeded modified reporting limit

Month

ELECTION TYPE

Runoff

Special

Day

09/26/2024

12 OFFICE SOUGHT (if known)

Year

Other

City Representative District 7 El Paso

30th day before election

8th day before election

CAMPAIGN

PHONE

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

TREASURER

AREA CODE

(915) 534-7438

January 15

Day

Day

11/05/2024

OFFICE HELD (if any)

ELECTION DATE

07/01/2024

Year

Year

July 15

Month

Month

PHONE NUMBER

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 74

13 C / OH NAME	Limón, Lilia		14 Filer ID 00000037	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have be	political expenditures made by political en made without the candidate's or office ort this information only if they receive n	ceholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREA	SURER NAME			
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS			
16 CONTRIBUTION	1. TOTAL UNITEM	ZED DOLITICAL CONTRIBUTIO	NS (OTHER THAN PLEDGES, LOANS.			
16 CONTRIBUTION TOTALS	\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARAN	ITEES OF LOANS)	\$ 20,230.00		
EXPENDITURE TOTALS						
		\$ 26,379.96				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ED AS OF THE LAST DAY OF THE	\$ 7,250.33		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$ 5,000.00		
17 AFFIDAVIT	-					
		true and corre	rirm, under penalty of perjury, that the accept and includes all information required is, Election Code.			
			Lilia Limón			
			Signature of Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
			, this the	day		
of, 20, to certify which, witness my hand and seal of office.						
Signature of offi	cer administering	Printed name of officer adm	inistering Title of office	er administering oath		

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 01 74
	ER NAM		19 Filer ID 0000037	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	14,330.00
2.	X	\$	5,900.00		
3.		\$			
4.	X	\$	5,000.00		
5.	X	\$	26,379.96		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orn	1.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 4/74			
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)		
4	Date 08/12/2024	 5 Full name of contributor out-of-state PAC (ID#:_Acosta, Christina 6 Contributor address; City; State; Zip Code 9327 Elgin Dr.)	7	Amount of Contribution (\$)	\$200.00		
8	Principal occu Not Employe	El Paso, TX 79907 pation / Job title (See Instructions)		Employer (See Instructions Not Employed)				
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_Armendariz, Albert Contributor address; City; State; Zip Code 1701 Bassett Ave. Ste.156 El Paso, TX 79902				Amount of Contribution (\$)	\$50.00		
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self)				
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:_Armendariz, Albert Contributor address; City; State; Zip Code 1701 Bassett Ave. Ste.156 El Paso, TX 79902				Amount of Contribution (\$)	\$25.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Self)				
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID#:_Aston, James Contributor address; City; State; Zip Code 143 Silverside Dr. Perry, GA 31069				Amount of Contribution (\$)	\$25.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)				
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_Avila, Ernie Contributor address; City; State; Zip Code 712 Bancroft Rd. 333 Walnut Creek, CA 94598)		Amount of Contribution (\$)	\$250.00		
	Principal occu Civil Enginee	pation / Job title (See Instructions)		Employer (See Instructions Avila and Associates)				

	MONEI	IONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 2/17 Rpt: 5/74			
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	Filers)		
4	Date 08/22/2024	 5 Full name of contributor [Balderrama, Evangelina 6 Contributor address; City; Sta 725 Hempstead Dr. 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00		
8	Principal occu Insurance	El Paso, TX 79912 pation / Job title (See Instructions)	9	Employer (See Instructions Gallagher Bassett	5)				
	Date 08/22/2024	Full name of contributor [Barrera, Rose Contributor address; City; Sta 9281 Cana Ave. El Paso, TX 79907	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00		
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)				
	Date 09/13/2024	Full name of contributor Barron, Elizabeth Contributor address; City; Sta 8821 Clavel Dr.	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00		
	Principal occu	El Paso, TX 79907 pation / Job title (See Instructions) Aide		Employer (See Instructions	<u> </u> 5)				
	Date 07/27/2024	Full name of contributor Barron, Elizabeth Contributor address; City; Sta 8821 Clavel Dr. El Paso, TX 79907	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00		
	Principal occu Instructional	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>				
	Date 09/17/2024	Full name of contributor Bernal, Hector Contributor address; City; Sta 7916 Cielo Vista El Paso, TX 79925	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00		
	Principal occu Constable	pation / Job title (See Instructions)		Employer (See Instructions El Paso County	5)				

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to co	omplete this forn	1.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 6/74			
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)		
4	Date 07/17/2024	Bonart, Richard 6 Contributor address; City; State; Zip 6524 Loma de Cristo	o Code)	7	Amount of Contribution (\$)	\$250.00		
8	Principal occu Not Employe	El Paso, TX 79912 pation / Job title (See Instructions)		Employer (See Instructions) Not Employed)				
	Date 08/12/2024	Full name of contributor out Bonilla, Patricia Contributor address; City; State; Zip 1233 Lonewood Dr. El Paso, TX 79925	or-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions) Not Employed)				
	Date 08/06/2024	Bustamante, Roberto Contributor address; City; State; Zip 278 Romeria Dr.	of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00		
	Principal occu Not Employe	El Paso, TX 79907 pation / Job title (See Instructions)		Employer (See Instructions) Not Employed)				
	Date 09/03/2024		r-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions) Not Employed)				
	Date 08/06/2024	Full name of contributor out Cromeans, Marilyn Contributor address; City; State; Zip 4613 Skylark Way El Paso, TX 79922	c-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions) Not Employed)				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE /		
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 7/74	
2	FILER NAME Limón, Lilia			3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 08/06/2024	 Full name of contributor out-of-state PAC (ID#:_Del Hierro, Bernie Contributor address; City; State; Zip Code 10616 Candlewood Ave. 		7	Amount of Contribution (\$)	\$100.00
		El Paso, TX 79935				
8	Principal occu Not Employe	pation / Job title (See Instructions)	9 Employer (See Instructions Not Employed	i)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Dorado, Hortencia Contributor address; City; State; Zip Code 4875 Cuartel Lane El Paso, TX 79912			Amount of Contribution (\$)	\$300.00
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions Dorado Engineering	5)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_ Duron, Diana Contributor address; City; State; Zip Code 2304 Cumbre Negra St. El Paso, TX 79925			Amount of Contribution (\$)	\$15.00
	Principal occu Clinical Soc	pation / Job title (See Instructions)	Employer (See Instructions Private Practice	<u> </u>		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Engels, Jan (Mrs.) Contributor address; City; State; Zip Code 2219 King James PI. false El Paso, TX 79903			Amount of Contribution (\$)	\$25.00
	Principal occu Business	pation / Job title (See Instructions)	Employer (See Instructions Self	<u>(</u>		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Engels, Jan (Mrs.) Contributor address; City; State; Zip Code 2219 King James Pl. false El Paso, TX 79903			Amount of Contribution (\$)	\$25.00
	Principal occu Business	pation / Job title (See Instructions)	Employer (See Instructions Self	()		

	MONEI	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 8/74		
2	FILER NAME Limón, Lilia			3	Filer ID (Ethics Commission 00000037	n Filers)	
4	Date 09/19/2024	 Full name of contributor out-of-state PAC (ID#:_ Escobar, Enrique Contributor address; City; State; Zip Code 337 Borderland Rd. Space 7)	7	Amount of Contribution (\$)	\$500.00	
8	Principal occu Engineer	El Paso, TX 79932 pation / Job title (See Instructions)	Employer (See Instructions Self Employed	s)			
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ Esparza, Adriana Contributor address; City; State; Zip Code 6911 Enid Ct. El Paso, TX 79912)		Amount of Contribution (\$)	\$25.00	
	Principal occu Not Employe	pation / Job title (See Instructions) d	Employer (See Instructions Not Employed	s)			
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_Faraone, Peter Contributor address; City; State; Zip Code PO Box 9623996)		Amount of Contribution (\$)	\$250.00	
	Principal occu Not Employe	El Paso, TX 79996 Dation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u> </u> s)			
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_Fierro, Enriqueta Contributor address; City; State; Zip Code 8612 Whitus El Paso, TX 79925			Amount of Contribution (\$)	\$50.00	
	Principal occu Not Employe	oation / Job title (See Instructions) d	Employer (See Instructions Not Employed	s)			
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:_Fierro, Robert Contributor address; City; State; Zip Code 1804 Julia May Place El Paso, TX 79935)		Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	oation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)			

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 6/17 Rpt: 9/74			
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)		
4	Date 08/06/2024	 Full name of contributor out-of-state PAC Flores, David Contributor address; City; State; Zip Code 6819 Amposta 	C (ID#:)	7	Amount of Contribution (\$)	\$150.00		
8	Principal occu Manager	El Paso, TX 79912 Dation / Job title (See Instructions)	9	Employer (See Instructions Linebarger	5)				
	Date 09/14/2024	Full name of contributor out-of-state PAC Fraga, Gabriela Contributor address; City; State; Zip Code 1020 Skyhopper PI. El Paso, TX 79928	C (ID#:		•	Amount of Contribution (\$)	\$50.00		
	Principal occu Ex. Admin C	pation / Job title (See Instructions) pordinator		Employer (See Instructions El Paso County	s)				
	Date 08/06/2024	Full name of contributor out-of-state PAC Fraga, Gabriela Contributor address; City; State; Zip Code 1020 Skyhopper	C (ID#:)		Amount of Contribution (\$)	\$50.00		
	Principal occu	El Paso, TX 79928 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>				
	Ex. Admin.	,		El Paso County					
	Date 09/12/2024	Full name of contributor out-of-state PAC Gomez, Angel Contributor address; City; State; Zip Code 613 Bir Circle El Paso, TX 79932	C (ID#:)		Amount of Contribution (\$)	\$25.00		
	Principal occu Not Employe	oation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>I</u> 5)				
	Date 07/20/2024	Full name of contributor out-of-state PAC Gordon, Laura Contributor address; City; State; Zip Code 5908 Quinta Real Court	C (ID#:			Amount of Contribution (\$)	\$250.00		
	Principal occu Attorney	oation / Job title (See Instructions)		Employer (See Instructions Scot Property Managem		t			
			•						

	MONEI	ARY POLITICAL CONTRIBUTI		E A1		
	The Instruc	ction Guide explains how to complete this	s form.	1	ges Schedule A1: .7 Rpt: 10/74	
2	FILER NAME Limón, Lilia			3 Filer ID 000000	(Ethics Commissio 37	n Filers)
4	Date 08/17/2024	 Full name of contributor out-of-state PAC (IDage Grossman, Max Contributor address; City; State; Zip Code 6265 Camino Alegre Dr. 	#:)	7 Amount	of Contribution (\$)	\$250.00
8	Principal occu Professor	El Paso, TX 79912 Dation / Job title (See Instructions)	9 Employer (See Instructions UTEP	 s)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID: Grossman, Tyler Contributor address; City; State; Zip Code 200 N. Festival Apt. 506 El Paso, TX 79912	#:)	Amount (of Contribution (\$)	\$50.00
	Principal occu Director	oation / Job title (See Instructions)	Employer (See Instructions EPFPPF	5)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID: Guerra, Lawrence Contributor address; City; State; Zip Code 426 Country Oaks Dr. El Paso, TX 79932	#:)	Amount (of Contribution (\$)	\$50.00
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions WTX-ISC	<u> </u> s)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID: Guzman, Ramiro Contributor address; City; State; Zip Code PO Box 370396 Ell Paso, TX 79937	#:)	Amount (of Contribution (\$)	\$50.00
	Principal occu Sales Execu	pation / Job title (See Instructions)	Employer (See Instructions James Edward & Co.	5)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID: Harbout, Cori Contributor address; City; State; Zip Code 7689 Paiute Way El Paso, TX 79912	#:)	Amount (of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions The Harbour Law Firm	5)		

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to c	complete this forr	m.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 11/74			
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)		
4	Date 09/12/2024	 Full name of contributor on the sequence of contributor address; City; State; Zity Windrock 	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00		
8	Principal occu Unemployed	El Paso, TX 79925 pation / Job title (See Instructions)	9	Employer (See Instructions Unemployed)				
	Date 08/06/2024	Full name of contributor	ut-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu Not Employe	pation / Job title (See Instructions) rd		Employer (See Instructions Not Employed)				
	Date 08/06/2024	Full name of contributor of contributor of contributor address; City; State; Z 9316 Nakitu Dr. El Paso, TX 79907	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00		
	Principal occu Grant Manaç	pation / Job title (See Instructions)		Employer (See Instructions Ysleta del Sur Pueblo)				
	Date 08/16/2024	Full name of contributor on the description of the	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)				
	Date 08/18/2024	Full name of contributor of Jewett, Leona Contributor address; City; State; Z 1427 Rebecca Ann Dr. El Paso, TX 79936	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00		
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions St. Joseph School)				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	N	S		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 9/17 Rpt: 12/74	
2	FILER NAME Limón, Lilia					3	Filer ID (Ethics Commission 00000037	on Filers)
4	Date 08/21/2024	 Full name of contributor Jobe, Stanley Contributor address; City; St 1150 Southview Dr. 	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$2,500.00
		El Paso, TX 79928						
8	Principal occu Business Ov	pation / Job title (See Instructions vner)	9	Employer (See Instructions Jobe	5)		
	Date 09/03/2024	Full name of contributor Johnsen, Guy Contributor address; City; St 10213 Buckwood Ave. El Paso, TX 79925	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
	Principal occu Veterinarian	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/06/2024	Full name of contributor Knight, Dennece Contributor address; City; St 5015 Montoya	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	El Pasi, TX 79922 pation / Job title (See Instructions	;)		Employer (See Instructions	 ;)		
	Not Employe	ed			Not Employed			
	Date 09/12/2024	Full name of contributor Leeser, Oscar V. (The Ho Contributor address; City; St 7101 N. Mesa #374 false El Paso, TX 79912					Amount of Contribution (\$)	\$500.00
	Principal occu Elected Offic	pation / Job title (See Instructions)		Employer (See Instructions City of El Paso	5)		
	Date 08/06/2024	Full name of contributor Legarreta, Ismael Contributor address; City; St 7609 Benson Dr. El Paso, TX 79915	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00
	Principal occu Structural Er	pation / Job title (See Instructions ngineer)		Employer (See Instructions KASCO Structures	5)		

	MONEI	ARY POLITICAL CONTRIB	SCHEDULE A1	
	The Instruc	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 10/17 Rpt: 13/74
2	FILER NAME Limón, Lilia			3 Filer ID (Ethics Commission Filers) 00000037
4	Date 08/06/2024	 Full name of contributor out-of-state F Limon, Jose Contributor address; City; State; Zip Code 1301 Lonewood Dr 	PAC (ID#:)	7 Amount of Contribution (\$) \$100.00
8	Principal occu Not Employe	El Paso, TX 79925 Dation / Job title (See Instructions)	9 Employer (See Instruction Not Employed	s)
	Date 09/05/2024	Full name of contributor out-of-state F Linebager Goggan Blair & Samson Contributor address; City; State; Zip Code PO Box 1728 Austin, TX 78760	PAC (ID#:)	Amount of Contribution (\$) \$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
	Date 08/12/2024	Full name of contributor out-of-state F Martinez, Richard Contributor address; City; State; Zip Code 11917 Paseo Real	PAC (ID#:)	Amount of Contribution (\$) \$150.00
	Deire sin al access	El Paso, TX 79936	Familiary (Construction	
	Not Employe	pation / Job title (See Instructions) d	Employer (See Instruction Not Employed	s)
	Date 08/06/2024	Full name of contributor out-of-state F Martinez, Vanessa Contributor address; City; State; Zip Code 1701 Bassett Ave. Ste. 156 El Paso, TX 79902	PAC (ID#:)	Amount of Contribution (\$) \$25.00
	Principal occu Legal Assista	pation / Job title (See Instructions)	Employer (See Instruction Law Office of Armenda	
	Date 09/12/2024	Full name of contributor out-of-state F Medicia, Patricia Contributor address; City; State; Zip Code 1319 N. Oregon El Paso, TX 79902	PAC (ID#:)	Amount of Contribution (\$) \$25.00
	Principal occu Director	pation / Job title (See Instructions)	Employer (See Instruction Hal Marcus Gallery	s)

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/17 Rpt: 14/74	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	4 Date 08/03/2024 5 Full name of contributor out-of-state PAC (ID#:) Medina, Larry 6 Contributor address; City; State; Zip Code 11008 Don January Dr.		7	Amount of Contribution (\$)	\$500.00		
8	Principal occu Not Employe	El Paso, TX 79935 pation / Job title (See Instruction ed	s)	Employer (See Instructions Not Employed	s)		
Date Full name of contributor out-of-state PAC (ID#:) Mena, Ascension Contributor address; City; State; Zip Code 8584 Van Haselen El Paso, TX 79907		•	Amount of Contribution (\$)	\$500.00			
	Principal occu Physician	pation / Job title (See Instruction	s)	Employer (See Instructions Self Employed	s)		
	Date Full name of contributor out-of-state PAC (ID#:) Mielke-Limon, Stephanie Contributor address; City; State; Zip Code 9116 Mt. San Berdu Dr.			Amount of Contribution (\$)	\$25.00		
	Principal occu Case Manag	El Paso, TX 79924 pation / Job title (See Instruction er	s)	Employer (See Instructions Center for Children & Fa	•	ilies	
	Date 08/06/2024	Full name of contributor Miyagishima, Kenneth Contributor address; City; S 1510 S. Solano Dr. Las Cruces, NM 88001	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu Insurance	pation / Job title (See Instruction	s)	Employer (See Instructions Ken Miyagishima Ins.	<u>I</u> S)		
	Date 08/08/2024	Full name of contributor Murphy, Lila Contributor address; City; S 5313 Hanawalt Dr. El Paso, TX 79903	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructioned	s)	Employer (See Instructions Not Employed	5)		

	MONEI	ARY POLITICAL CONTRIBU	HON	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	nis for	rm.	1	Total pages Schedule A1: Sch: 12/17 Rpt: 15/74	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	1 Date 08/16/2024 5 Full name of contributor out-of-state PAC (ID#:) 7 Natividad, Maria 6 Contributor address; City; State; Zip Code 10724 Camaro Court		7	Amount of Contribution (\$)	\$25.00		
8	Principal occu Not Employe	El Paso, TX 79930 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> 5)		
Date Full name of contributor out-of-state PAC (ID#:) O9/12/2024 ONeill, Patrick Contributor address; City; State; Zip Code 10237 Woodway Dr, El Paso, TX 79925)		Amount of Contribution (\$)	\$25.00		
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/06/2024 Ortega, Hilda Contributor address; City; State; Zip Code 1848 Paseo Real Ct.			Amount of Contribution (\$)	\$25.00		
	•	El Paso, TX 79936 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 09/12/2024	Full name of contributor out-of-state PAC (Padilla, Jose Contributor address; City; State; Zip Code 7449 Umbria Dr. El Paso, TX 79904	(ID#:	Not Employed		Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Linebarger	5)		
Date O8/13/2024 Padilla, Orlando Contributor address; City; State; Zip Code 2068 Estancia Pl. Las Cruces, NM 88005			Amount of Contribution (\$)	\$200.00			
	Principal occu President & (pation / Job title (See Instructions) CEO		Employer (See Instructions Padilla NetWorks	s)		
			•				

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/17 Rpt: 16/74	
2	FILER NAME Limón, Lilia			1	Filer ID (Ethics Commission 00000037	n Filers)
4	4 Date 09/07/2024 5 Full name of contributor out-of-state PAC (ID#:) Paz, Javier 6 Contributor address; City; State; Zip Code 5905 Westside			Amount of Contribution (\$)	\$50.00	
8	Principal occu Admin	El Paso, TX 79932 pation / Job title (See Instructions)	9 Employer (See Instructions El Paso County	s)		
	Date Full name of contributor out-of-state PAC (ID#:) O9/13/2024 Perez, Anna Contributor address; City; State; Zip Code 673 Santiago Bustamante Ave. Ysleta del Sur, TX 79927)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions) d	Employer (See Instructions Not Employed	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/21/2024 Pescador Lopez, Carmen Contributor address; City; State; Zip Code 8458 Hartford Lane			Amount of Contribution (\$)	\$200.00	
	Principal occu	El Paso, TX 79907 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe	d	Not Employed			
Date O9/14/2024 Pina, Antonio Contributor address; City; State; Zip Code 308 Calle Asti St. El Paso, TX 79932			Amount of Contribution (\$)	\$25.00		
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Unemployed	pation / Job title (See Instructions)	Employer (See Instructions None	s)		

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 14/17 Rpt: 17/74
2	FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4	4 Date 09/12/2024 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$50.00
8	Principal occur	El Paso, TX 79907 pation / Job title (See Instructions) 9 Employer (S	See Instructions)
	Consultant	Self Emplo	
Date Full name of contributor out-of-state PAC (ID#:) Reyes, Silvestre Contributor address; City; State; Zip Code 732 Azalea		Reyes, Silvestre Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$300.00
			See Instructions)
	Consultant Date	Full name of contributor	Amount of Contribution (\$)
	08/21/2024	Rincon Ortiz, Graciela Contributor address; City; State; Zip Code 3132 Eads Pl. El Paso, TX 79935	\$50.00
	Principal occu		See Instructions)
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$15.00
	Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)
	Date 08/06/2024	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$50.00
	Principal occu LPC	poation / Job title (See Instructions) Employer (S	See Instructions)
		•	

	MONEI	ARY POLITICAL CONTRIBU	JIION	15		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 15/17 Rpt: 18/74	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commissio 00000037	n Filers)
4	4 Date 08/06/2024 5 Full name of contributor out-of-state PAC (ID#:) Roe, Bradley 6 Contributor address; City; State; Zip Code 333 Barbaree Dr.		7	Amount of Contribution (\$)	\$75.00		
8	Principal occu Not Employe	El Paso, TX 79912 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	i)		
Date Full name of contributor out-of-state PAC (ID#:) 08/08/2024 Romero, Lawrence A. Contributor address; City; State; Zip Code 11622 Aviation Blvd. Apt. 135 Inglewood, CA 90304				Amount of Contribution (\$)	\$2,500.00		
	Principal occu Software Eng	pation / Job title (See Instructions) gineer		Employer (See Instructions Amazon	i)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/21/2024 Saenz, Loretta Contributor address; City; State; Zip Code 11824 Prado del Sol			Amount of Contribution (\$)	\$60.00		
	Principal occur	El Paso, TX 79938 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Not Employe			Not Employed	,		
Date O8/12/2024 Full name of contributor out-of-state PAC (ID#:) Salgado, Enriqueta Contributor address; City; State; Zip Code 232 Tulane Dr. El Paso, TX 79907			Amount of Contribution (\$)	\$100.00			
	Principal occu Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed)		
Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Sanchez, Margarita Contributor address; City; State; Zip Code 8408 Lasso Circle El Paso, TX 79907			Amount of Contribution (\$)	\$50.00			
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		

	MONEI	ARY POLITICAL CONTI	RIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 16/17 Rpt: 19/74	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	5 Full name of contributor out-of-state PAC (ID#:) Scherr, James 6 Contributor address; City; State; Zip Code 1790 Lee Trevino Ste. 601		7	Amount of Contribution (\$)	\$50.00		
8	Principal occu Attorney	El Paso, TX 79936 pation / Job title (See Instructions)	9	Employer (See Instructions Self)		
	Date Full name of contributor out-of-state PAC (ID#:) Silva, Jr., Jose Angel Contributor address; City; State; Zip Code 907 E. Baltimore Dr. El Paso, TX 79902)		Amount of Contribution (\$)	\$250.00	
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/13/2024 Smith, Deborah Contributor address; City; State; Zip Code 800 D Espada Dr. El Paso, TX 79912			Amount of Contribution (\$)	\$25.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 08/12/2024	Full name of contributor out-of- Spalding, Emma Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; C	state PAC (ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
Date Full name of contributor out-of-state PAC (ID#:) 109/12/2024 Tellez, Carmen Contributor address; City; State; Zip Code 640 N. Yarbrough El Paso, TX 79915			Amount of Contribution (\$)	\$25.00			
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUT	TON	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 17/17 Rpt: 20/74	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4			7	Amount of Contribution (\$)	\$100.00		
8	Principal occup	El Paso, TX 79902 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	<u> </u> s)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (II Trujillo, Anthony Contributor address; City; State; Zip Code PO Box 1470 Canutillo, TX 79835			-	Amount of Contribution (\$)	\$100.00
	Principal occup Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (II Velarde, Ray Contributor address; City; State; Zip Code 1216 Montana Ave.	D#:			Amount of Contribution (\$)	\$250.00
	Principal occup	El Paso, TX 79902 pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u> s)		
	Date 08/06/2024	Full name of contributor out-of-state PAC (II Vera, Beatriz Contributor address; City; State; Zip Code 2016 Ocean Side Dr. El Paso, TX 79936)	•	Amount of Contribution (\$)	\$25.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (II Williams, Ruth Contributor address; City; State; Zip Code 3301 Rain Dance Dr. El Paso, TX 79936	D#:		•	Amount of Contribution (\$)	\$25.00
	Principal occup Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed	S)		
			•				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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SCF	1EL	UL	.E	A	_

The Instru	ction Guide explains how to complete this 1	form.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 21/74		
2 FILER NAME Limón, Lilia			3 Filer ID (Ethics Commission Filers) 00000037		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$		
5 Date 07/31/2024	 6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of solution (\$) In-kind contribution contribution (\$) description \$1,500.00 Consultation		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)		
Consultant		Sun Circle Strateg	ic Group		
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 contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			
Date Full name of contributor out-of-state PAC (ID#:			Amount of In-kind contribution contribution (\$) description \$1,500.00 Consultation		
	El Paso, TX 79907		I I Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Consultant		Sun Circle Strateg	c Group		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Holguin, Eddie (Mr.) Contributor address; City; State; Zip Code 241 Elvin Way El Paso, TX 79907		Amount of In-kind contribution contribution (\$) description \$1,500.00 Consultation		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Consultant	, , , , , , , , , , , , , , , , , , , ,	Sun Circle Strateg	,		
	principal occupation (FOR JUDICIAL)	Contributor's job title	·		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 22/74	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Limón, Lilia			00000037
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$
5 Date 07/31/2024 6 Full name of contributor out-of-state PAC (ID#:) Limon, Jose 7 Contributor address; City; State; Zip Code 1301 Lonewood Dr. El Paso, TX 79925			8 Amount of contribution (\$) 9 In-kind contribution description \$400.00 Cell Telephone Line, Assorted Refreshments
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
Not Employe		Not Employed	
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 contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#:			Amount of In-kind contribution contribution (\$) description \$500.00 Cell Telephone Line and assorted volunteer refreshments
	El Paso, TX 79925		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Not Employe	ed	Not Employed	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description \$500.00 Cell Telephone Line and assorted volunteer refreshments
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Not Employe	ed	Not Employed	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u>'</u>	

LOANS				SCHEDULE E
The Instru	ction Guide explains how to complete this	form.	l	ages Schedule E: 11 Rpt: 23/74
2 FILER NAME Limón, Lilia			3 Filer ID 000000	(Ethics Commission Filers)
4 TOTAL OF	UNITEMIZED LOANS			\$ 5,000.00
5 Date of loan	7 Name of lender out-of-state PA	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
				11 Maturity Date
12 Principal occu	pation / Job title (See Instructions)	13 Employer (See Instructions	5)	
14 Description o	Collateral	15 Check if personal funds we	ere deposited	d into political account (See Instructions)
16 GUARANTOR INFORMATION		1		19 Amount Guaranteed (\$)
not applica	ble 18 Guarantor address; City; State;	Zip Code		
20 Principal occu	pation	21 Employer (See Instructions	3)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/51 Rpt: 24/74	Limón, Lilia 00000037
4	Date	5 Payee name
	09/25/2024	Act BLUE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.30	PO Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/09/2024	Amaya, Jose
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.00	741 Alamo St.
		Fabens, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/16/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.41	410 Terry Ave. N.
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Concrete nail kit and
		Cap Nails
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		District a category not listed above)
_			
1	Total pages Schedule F1: Sch: 2/51 Rpt: 25/74	E I 2 FILER NAME Solution Street Solution Street Solution	(Ethics Commission Filers)
4	Date	5 Payee name	
	08/05/2024	Burger King	
6	Amount (\$) \$53.37		
_	DUDDOCE	El Paso, TX 79925	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Co Check if Austin, TX, officeholder livi Block Walkers Lunch	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office OH	held
	Date	Payee name	
	09/17/2024	Canchola, Patricia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$120.00	338 Hourglass	
		El Paso, TX 79915	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	mulata Cabadula T
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Co	
		Block Walker	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office OH	held
Т	Date	Payee name	
	07/23/2024	City of El Paso	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	300 N. Campbell	
		El Paso, TX 79901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Co	
		Check if Austin, TX, officeholder liv City Representative Distric	
		City Representative District	t / ming icc
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
	expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

l	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
L	Sch: 3/51 Rpt: 26/74	Limón, Lilia		00000037
4	Date	5 Payee name		
L	07/19/2024	Cognent		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
l	\$50.00	PO Box 536421		
		0.11. 51.00050		
Ļ		Orlando, FL 32853	1	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Website Housing
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught	Office held
L	·			
	Date	Payee name		
L	09/09/2024	Cognent		
l	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$150.00	PO Box 536421		
		Orlanda El 220E2		
L		Orlando, FL 32853	Las	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense		Check if Austin, TX, officeholder living expense
				Data Management
L			<u> </u>	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
┝	5.			
l	Date 09/16/2024	Payee name		
┡		Cognent City State 7in C	odo	
l	Amount (\$) \$72.00	Payee address; City; State; Zip C PO Box 536421	oue	
l	Ψ12.00	1 C BOX 330421		
		Orlando, FL 32853		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(h)	Description
l	OF	Advertising Expense	(3)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	5 1		Check if Austin, TX, officeholder living expense
				Hosting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office so	liaht	Office held
	expenditure to benefit C/OI		ugnt	Office field
\vdash				
$oxed{L}$				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/51 Rpt: 27/74	Limón, Lilia	00000037
4	Date	5 Payee name	
	07/01/2024	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$53.30	1601 Trapelo Rd.	
		Waltham, MA 02451	
8	PURPOSE		tion
ľ	OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	riform if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		r if Austin, TX, officeholder living expense
l		Email F	Platform
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit Grot		
	Date	Payee name	
l	07/18/2024	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$42.99	1601 Trapelo Rd.	
l			
l		Waltham, MA 02451	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF EXPENDITURE	Advertising Expense	if travel outside of Texas. Complete Schedule T.
l	EXI ENDITORE	I	rif Austin, TX, officeholder living expense
l		Email F	Platform
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
⊨	Date		
	Date 07/29/2024	Payee name Constant Contact	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$170.56	1601 Trapelo Rd.	
		W W MA 00454	
		Waltham, MA 02451	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	EXPENDITURE	Advertising Expense	c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense
		, <u> </u>	Platform
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	T. 1 01 11 F4		
1	1 9		.)
	Sch: 5/51 Rpt: 28/74	Limón, Lilia 00000037	
4	Date	5 Payee name	
	08/29/2024	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	` '		
	\$170.56	1601 Trapelo Rd.	
		Waltham, MA 02451	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Ad	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
L			
	Date	Payee name	
	07/02/2024	Costco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.78	6101 Gateway West Blvd	
		El Dese, TV 7000F	
		El Paso, TX 79925	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Condy for July 4, 2024 pareds	
		Candy for July 4, 2024 parade	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitate to benefit 6/01		
	Date	Payee name	
	08/29/2024	DS Political	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$560.00	2000 E. MLK, Jr., Blvd	
	φ500.00	2000 E. MER, Jr., BIVU	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Ads	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Expense Travel III

Wages/Contract Labor OTHER (

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 6/51 Rpt: 29/74	Limón, Lilia 00000037				
4 Date	5 Payee name				
09/03/2024	DS Political				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$500.00	2000 E. MLK, Jr., Blvd				
	Austin, TX 78702				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Ads				
	7.65				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					
Dete					
Date	Payee name				
08/06/2024	Diaz, Alexis				
Amount (\$)	Payee address; City; State; Zip Code				
\$145.00	13380 Lopez Rd.				
	El Paso, TX 79938				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Salaries/Wages/Contract Labor				
	Check if Austin, TX, officeholder living expense Block Walker				
	DIOCK Walker				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI					
Date	Payee name				
08/07/2024	Diaz, Alexis				
Amount (\$)	Payee address; City; State; Zip Code				
\$29.00	13380 Lopez Rd.				
	El Paso, TX 79938				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Salaries/Wages/Contract Labor				
EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	Block Walker				
0 1. 6					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	oxportation to portation or or i				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

l	Credit Card Payment	The Instruction Guide explains how to com	plete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
L	Sch: 7/51 Rpt: 30/74	Limón, Lilia		00000037
4	Date	5 Payee name		
Ļ	08/13/2024	Diaz, Alexis		
6	Amount (\$) \$192.00	7 Payee address; City; State; Zip Code 13380 Lopez Rd.	е	
	Ψ192.00	13300 Lopez Nu.		
		El Paso, TX 79938		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Ē	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			E	Slock Walker
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	experiditure to benefit C/Oi	1		
	Date	Payee name		
L	08/14/2024	Diaz, Alexis		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$48.00	13380 Lopez Rd.		
		El Paso, TX 79938		
⊢	PURPOSE		h) r	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	ء, د [Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Ē	Check if Austin, TX, officeholder living expense
			E	Block Walker
H	Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt .	Office held
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	08/21/2024	Diaz, Alexis		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$162.00	13380 Lopez Rd.		
		FI D TV 70000		
L	DUDDOCE	El Paso, TX 79938	h) -	2
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	о) L Т	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	1 oou/Deverage Expense	Ē	Check if Austin, TX, officeholder living expense
			Е	Block Walker Refreshments
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt	Office held
	expenditure to benefit C/OI			Office field
L				

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

	Credit Card Payment		The Instruction Guide explains how to	compl	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/51 Rpt: 31/74		Limón, Lilia		00000037
4	Date	5	Payee name		'
	08/23/2024		Diaz, Alexis		
6	Amount (\$)	7	Payee address; City; State; Zip	Code	
	\$156.00		13380 Lopez Rd.		
			El Paso, TX 79938		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL				Check if Austin, TX, officeholder living expense
					Block Walker
_	Complete ONLY if direct	<u> </u>	Condidata/Office holder name Office of	ought	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office s	ougni	Office field
H	D-4-	_			
	Date		Payee name		
	09/05/2024		Diaz, Alexis		
	Amount (\$)		Payee address; City; State; Zip	Code	
	\$252.00		13380 Lopez Rd.		
			El Paso, TX 79938		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Block Walker
Н	Complete ONLY if direct		Candidate/Officeholder name Office s	ought	Office held
	expenditure to benefit C/O	Н			
_	Date	Π	Payee name		
	07/05/2024		Dollar Tree		
	Amount (\$)	H	Payee address; City; State; Zip	Code	
	\$34.64		1117 Geronimo		
			El Paso, TX 79925		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	(")	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Pens, markers, clipboards
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office s	ought	Office held
L	experientare to benefit 6/01				
l					

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

Credit Card	Payment	Т	he Instruction Guide e	explains how to co	mplete tl	nis form.			
1 Total page	s Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission	on Filers)
Sch: 9/5	1 Rpt: 32/74	Limón, Lilia					00000037		
4 Date		5 Payee name				<u> </u>			
07/31/20	24	Dunkin Donu	ts						
6 Amount (\$	5)	7 Payee address	; City;	State; Zip Co	de				
	\$18.19	1105 N. Yarb	rough Dr.						
		El Paso, TX 7	79925						
8 PURP	OSE	(a) Category (See	Categories listed at the top	of this schedule)	(b) De:	scription			
OF EXPEND		Food/Beverage		,		Check if travel outsi			
						Check if Austin, TX,		expense	
					DIC	ick waikers co	Jilee		
9 Complete	ONLY if direct	Candidate/Office	holder name	Office sou	nht		Office he	-ild	
	re to benefit C/O		molder flame	Office 300	giit		Office fic	,iu	
Date		Payee name							
07/31/20	24	Dunkin Donu	ts						
Amount (\$		Payee address		State; Zip Co	de				
Amount (4	\$8.21	1105 N. Yarb		State, Zip Co	uc				
	Ψ0.21	1100 14. 14.5	rough Dr.						
		El Paso, TX 7	79925						
PURP	OSE			I	(h) Do	scription			
OF	=	Food/Beverage	Categories listed at the top	of this schedule)		Check if travel outsi	de of Texas. Com	plete Schedule T.	
EXPEND	ITURE	1 Ood/Bevera	ge Expense		□	Check if Austin, TX,	officeholder living	expense	
					Blo	ock Walkers E	Breakfast		
	ONLY if direct re to benefit C/O	Candidate/Office	eholder name	Office sou	ght		Office he	eld	
		<u> </u>							
Date	0.4	Payee name							
08/01/20		Dunkin Donu							
Amount (\$		Payee address		State; Zip Co	de				
	\$25.80	1105 N. Yarb	rough Dr.						
		El Paso, TX 7		- T					
PURP OF		1	Categories listed at the top	of this schedule)		scription	de ef Teyen Com	nlata Cabadula T	
EXPEND		Food/Beverage	ge Expense			Check if travel outsi Check if Austin, TX,			
						ock Walkers E		•	
	ONLY if direct	Candidate/Office	eholder name	Office sou	ght		Office he	eld	
expenditui	re to benefit C/O	Н							
<u></u>									1070 1 6

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/51 Rpt: 33/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/05/2024	Dunkin Donuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.81	1105 N. Yarbrough Dr.
		El Paso, TX 79925
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walkers Breakfast
		Block Walkers Breaklast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Power name
	08/05/2024	Payee name Dunkin Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.38	1105 N. Yarbrough Dr.
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walkers Breakfast
		Block Walkers Breaklast
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Device same
	08/07/2024	Payee name Dunkin Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.87	1105 N. Yarbrough Dr.
L		El Paso, TX 79925
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker Breakfast
		DIOCK WAIRCI DICARIASE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	•
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/51 Rpt: 34/74	Limón, Lilia	00000037
4	Date	5 Payee name	-
	08/07/2024	Dunkin Donuts	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.87	1105 N. Yarbrough Dr.	
		El Paso, TX 79925	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	 1
	OF	1 · · · · · · · · · · · · · · · - ·	ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if A	Austin, TX, officeholder living expense
		Block Wa	lker Beverages
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	08/07/2024	Dunkin Donuts	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.21	1105 N. Yarbrough Dr.	
		El Paso, TX 79925	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	า
	OF EXPENDITURE	1 00d/Develage Expense	ravel outside of Texas. Complete Schedule T.
		,	Austin, TX, officeholder living expense Ilker Beverages
		Jiosk Wa	inci Develagee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	08/05/2024	EPMP	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$539.09	1144 Vista De Oro Ste. A	
	+333.00		
		El Paso, TX 79935	
_	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	I ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Austin, TX, officeholder living expense
		Door Har	ngers
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	חי	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/51 Rpt: 35/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/13/2024	EPMP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$539.09	1144 Vista De Oro Ste. A
		El Paso, TX 79935
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Door Hangers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/20/2024	EPMP
	Amount (\$)	Payee address; City; State; Zip Code
	\$557.96	1144 Vista De Oro Ste. A
		El Paso, TX 79935
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Door Hangers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/29/2024	EPMP
	Amount (\$)	Payee address; City; State; Zip Code
	\$697.45	1144 Vista De Oro Ste. A
		El Paso, TX 79935
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Door Hangers
		2001 Flatigoto
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/51 Rpt: 36/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/28/2024	El Paso Bench Ads
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	1025 Texas Ave, Ste. 101
		El Paso, TX 79901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ads
		7.43
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
	Date	David and the second se
	09/03/2024	Payee name
		El Paso Bench Ads
	Amount (\$)	Payee address; City; State; Zip Code
	\$440.00	1025 Texas Ave, Ste. 101
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ads
		/ NGS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Dayso nama
	08/06/2024	Payee name Enriquez, Denise
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.00	13261 Ayla Rd.
		El Paso, TX 79938
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Limón, Lilia Sch: 14/51 Rpt: 37/74 00000037 4 Date Payee name 08/07/2024 Enriquez, Denise 6 Amount (\$) Payee address; City; State; Zip Code \$29.00 13261 Ayla Rd. El Paso, TX 79938 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Block Walker** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/13/2024 Enriquez, Denise Amount (\$) Payee address; City; State; Zip Code \$198.00 13261 Ayla Rd. El Paso, TX 79938 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Block Walker** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/15/2024 Enriquez, Denise Amount (\$) Payee address; City; State; Zip Code \$48.00 13261 Ayla Rd. El Paso, TX 79938 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Block Walker** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/51 Rpt: 38/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/20/2024	Enriquez, Denise
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$212.00	13261 Ayla Rd.
		El Paso, TX 79938
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker Refreshments
		Block Warker Refreshittenes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	08/23/2024	Enriquez, Denise
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.00	13261 Ayla Rd.
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker
		DIOCK Warei
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Davies same
	09/05/2024	Payee name Enriquez, Denise
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$252.00	13261 Ayla Rd.
L		El Paso, TX 79938
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker
		Block Walker
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

1 Total pages Schedule F1: Sch: 16/51 Rpt: 39/74 Limón, Lilia Sch: 16/51 Rpt: 39/74 Sch: 16/51 Rpt: 39/74 Rpt: 39/7	Sch: 16/51 Rpt: 39/74 4 Date 5 07/05/2024 6 Amount (\$) 7	Limón, Lilia Payee name		
4 Date O7/05/2024 5 Payee name Enterprise Rent a Car 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 8000 Gateway Blvd E El Paso, TX 79907 8 PURPOSE OF EXPENDITURE (a) Candidate/Officeholder name Office sought Office held Date O7/09/2024 Pace name Factor Prints Amount (\$) Payee name Factor Prints PORPOSE O7/09/2024 Factor Prints Amount (\$) Payee address; City; State; Zip Code PORPOSE OF EXPENDITURE (a) Candidate/Officeholder name Office sought Office held Payee name Factor Prints Amount (\$) Payee address; City; State; Zip Code 4400 Chester Ave El Paso, TX 79903 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Aussin, TX, officeholder living expense	4 Date 5 07/05/2024 6 Amount (\$) 7	5 Payee name		00000037
O7/05/2024 Enterprise Rent a Car 7 Payee address; City; State; Zip Code 8000 Gateway Blvd E El Paso, TX 79907 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Office held Payee name 07/09/2024 Factor Prints Amount (\$) Payee address; City; State; Zip Code Payee name 07/09/2024 Factor Prints Payee address; City; State; Zip Code 4400 Chester Ave El Paso, TX 79903 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Office held Office held Office held Check if Austin, TX, officeholder Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense	07/05/2024 6 Amount (\$) 7			
Samount (\$) 7 Payee address; City; State; Zip Code	6 Amount (\$) 7	Enterprise Rent a Car		
\$116.11 8000 Gateway Blvd E El Paso, TX 79907 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental car for 4th of July parade Office held Date O7/09/2024 Payee name Factor Prints Amount (\$) Payee address; City; State; Zip Code \$753.42 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if avel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		·		
El Paso, TX 79907 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental car for 4th of July parade 9 Complete ONLY if direct expenditure to benefit C/OH Date 07/09/2024 Payee name Factor Prints Amount (\$) Payee address; City; State; Zip Code \$753.42 4400 Chester Ave El Paso, TX 79903 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	\$116.11	Payee address; City; State; Zip Co	de	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)		8000 Gateway Blvd E		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental car for 4th of July parade 9 Complete ONLY if direct expenditure to benefit C/OH Date O7/09/2024 Payee name Factor Prints Amount (\$) Payee address; City; State; Zip Code \$753.42 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
OF EXPENDITURE Advertising Expense		El Paso, TX 79907		
Advertising Expense	8 PURPOSE (a	a) Category (See Categories listed at the top of this schedule)	(b)	Description
Purpose OF EXPENDITURE Candidate/Officeholder name Office sought Office sought Office held Office	OF			
9 Complete ONLY if direct expenditure to benefit C/OH Date O7/09/2024 Payee name Factor Prints Amount (\$) Payee address; City; State; Zip Code 4400 Chester Ave EI Paso, TX 79903 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	EXPENDITORE		[—
Date Payee name 07/09/2024 Factor Prints Amount (\$) Payee address; City; State; Zip Code 4400 Chester Ave El Paso, TX 79903 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				Rental car for 4th of July parade
Date				05.
O7/09/2024 Factor Prints Amount (\$) Payee address; City; State; Zip Code \$753.42 4400 Chester Ave El Paso, TX 79903 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Candidate/Officeholder name Office soul	ght	Office held
O7/09/2024 Factor Prints Amount (\$) Payee address; City; State; Zip Code \$753.42 4400 Chester Ave El Paso, TX 79903 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	· 			
Amount (\$) Payee address; City; State; Zip Code 4400 Chester Ave El Paso, TX 79903 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
\$753.42 4400 Chester Ave El Paso, TX 79903 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
EI Paso, TX 79903 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	` ´	· · · · · · · · · · · · · · · · · · ·	de	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	\$753.42	4400 Chester Ave		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		El Paso, TX 79903		
EXPENDITURE Advertising Expense Check if Austin, TX, officeholder living expense		a) Category (See Categories listed at the top of this schedule)	(b)	Description
	I	Advertising Expense	ļ	
- Campaign Tormic			l	—
				Campagn Torme
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
expenditure to benefit C/OH			3	
Date Payee name	Date	Payee name		
08/12/2024 Family Dollar				
Amount (\$) Payee address; City; State; Zip Code	Amount (\$)	<u> </u>	de	
\$5.14 8899 Alameda Ave.			uo	
40.2	70.2.			
El Paso, TX 79907		FI Paso TX 79907		
	DUDDOCE (4		(l=)	
	PURPOSE (a	a) Category (See Categories listed at the top of this schedule)	(u) [Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	i	Check if Austin, TX, officeholder living expense
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.				Rope for Banner
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rope for Banner Complete ONLY if direct Candidate/Officeholder name Office sought Office held	expenditure to benefit C/OH			
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rope for Banner				
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rope for Banner Complete ONLY if direct Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/51 Rpt: 40/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/07/2024	Flores, Lucas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$224.25	231 Elvin Way
		El Paso, TX 79907
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Caps
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beriefit C/Or	
	Date	Payee name
	08/15/2024	Frias, Kathy
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.00	13131 Ayla Rd.
		El Paso, TX 79938
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	08/15/2024	Frias, Kathy
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.00	13131 Ayla Rd
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Block Walker
		Blook Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/51 Rpt: 41/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/21/2024	Frias, Kathy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$212.00	13131 Ayla Rd.
		El Paso, TX 79938
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Block Walker
_	Operation ONE V # discort	Outside to Office health
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	08/23/2024	Frias, Kathy
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.00	13131 Ayla Rd.
		El Paso, TX 79938
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/05/2024	Frias, Kathy
	Amount (\$)	Payee address; City; State; Zip Code
	\$252.00	13131 Ayla Rd.
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Block Walker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/51 Rpt: 42/74	Limón, Lilia 00000037
4	Date	5 Payee name
	09/09/2024	Guerrero, Miguel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$816.00	11981 Brave Heart
		El Paso, TX 79936
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker
		DIOCK WAIRCI
_	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	08/12/2024	Harbor Freight
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.19	3333 Yarbrough Dr.
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Zip ties
		ΣΙΡ 1103
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/03/2024	Harland Clarke Check
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.16	5800 Northwest Pkwy
		Austin, TX 78249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Check Order
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/51 Rpt: 43/74	Limón, Lilia		00000037
4	Date	5 Payee name		•
	07/10/2024	Holguin, Eddie (Mr.)		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$217.50	241 Elvin Way		
		El Paso, TX 79907		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Banners
				Damers
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
ľ	expenditure to benefit C/OI		agric	Cince Hold
⊨	Date	Payee name		
	07/10/2024	Holguin, Eddie (Mr.)		
┝	Amount (\$)	Payee address; City; State; Zip Ci	ado	
	\$314.25	241 Elvin Way	Jue	
	φ314.23	241 Elvill vvay		
		FL Dana TV 70007		
		El Paso, TX 79907	T	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Banners and magnets
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	07/10/2024	Holguin, Eddie (Mr.)		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$904.52	241 Elvin Way		
		El Paso, TX 79907		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Yard Signs
L	Complete ONLY if direct	Candidate/Officeholder name		Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ıynı	Office held
\vdash				

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/51 Rpt: 44/74	Limón, Lilia	00000037
4	Date	5 Payee name	
	08/12/2024	La Pila	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$51.22	8714 Alameda	
		El Paso, TX 79907	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Beverage Expense	outside of Texas. Complete Schedule T.
		Block Walker	n, TX, officeholder living expense
		Blook Walker	0 24.1611
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	07/08/2024	La Tapatia, Inc.	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.01	8941 Old County Dr.	
		El Paso, TX 79907	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE		n, TX, officeholder living expense
		Lunch meeti	ng with volunteers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office Held
_	Date	Davisa nama	
	09/18/2024	Payee name Limon, Santiago	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$191.92	5730 Middlesboro Ave.	
	4101.02	false	
		El Paso, TX 79924	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	1 dilling Expense	n, TX, officeholder living expense
		Signs for elec	ction day
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/51 Rpt: 45/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/08/2024	McDonald's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.96	8675 Alameda
		El Paso, TX 79907
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker Refreshments
		Block Walker Refreshitents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Power name
	08/12/2024	Payee name McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.00	8675 Alameda
		El Paso, TX 79907
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker Refreshments
		Block Walker Nelleshinents
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Device same
	08/13/2024	Payee name McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.58	8675 Alameda
		El Paso, TX 79907
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker Refreshments
		DIOUN WAINEL INCHESTITIONS
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)
	Sch: 23/51 Rpt: 46/74	Limón, Lilia	00000037
4	Date	5 Payee name	
	08/15/2024	McDonald's	
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е
	\$10.34	8675 Alameda	
		El Paso, TX 79907	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Block Walker Refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt Office held
	expenditure to benefit C/Oh		
H	Date	Payee name	
	08/15/2024	McDonald's	
H	Amount (\$)	Payee address; City; State; Zip Cod	۵
	\$2.15	8675 Alameda	
	φ2.13	0073 Alameda	
		EL Dago, TV 70007	
		El Paso, TX 79907	
	PURPOSE OF	,	b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if traver outside of Texas. Complete Scriedule 1. Check if Austin, TX, officeholder living expense
			Block Walker Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/OH	1	
	Date	Payee name	
	08/19/2024	McDonald's	
	Amount (\$)	Payee address; City; State; Zip Cod	е
	\$8.08	8675 Alameda	
		El Paso, TX 79907	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Block Walker Refreshments
			PIOCK MATICE IZELICALILICINS
		Candidate/Officeholder name Office sougl	nt Office held
1	(Complete ()NILY it direct		n Onioc Held
	Complete ONLY if direct expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 24/51 Rpt: 47/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/19/2024	McDonald's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.59	8675 Alameda
		El Paso, TX 79907
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker Refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/21/2024	McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.76	8675 Alameda
	Ψ5.70	5675 / Nameda
		El Paso, TX 79907
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	08/22/2024	McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.13	8675 Alameda
		El Paso, TX 79907
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker Refreshments
		DIOCK WAIKET RETIESTITIETIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/51 Rpt: 48/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/22/2024	McDonald's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.49	8675 Alameda
		El Paso, TX 79907
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker Refreshments
		Blook Walker Nolleshinerite
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nama
		Payee name McDonald's
	08/28/2024	McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.23	8675 Alameda
		El Paso, TX 79907
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker Refreshments
		Block Walker Noireshinerite
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	08/29/2024	Payee name McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.24	8675 Alameda
		El Paso, TX 79907
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker Refreshment
		2.55%
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	_
	Sch: 26/51 Rpt: 49/74	Limón, Lilia 00000037	
4	Date	5 Payee name	
L	07/25/2024	Meta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.00	1 Hacker Wy	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense Campaign Ads	
		Campaigh Aus	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/O		
\vdash	Data		_
	Date	Payee name	
	08/01/2024	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	1 Hacker Wy	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Advertising	
		Advertising	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
H	Date	Payee name	=
	08/23/2024	Meta	
_			_
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 Hacker Wy	
	φ25.00	T HUCKET VV y	
		Marria Dark, CA 04025	
		Menlo Park, CA 94025	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayas, Complete Schedule T	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Ads	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
			_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 27/51 Rpt: 50/74	Limón, Lilia 00000037	
4	Date	5 Payee name	
	08/23/2024	Meta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.00	1 Hacker Wy	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Ads	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	<u>'</u>		
	Date	Payee name	
	08/26/2024	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.00	1 Hacker Wy	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Ad	
		, tu	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		
	Date	Payee name	
	08/26/2024	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.00	1 Hacker Wy	
	Ψ01.00	Thanks wy	
		Menlo Park, CA 94025	
	DUDDOOF		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Ads	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OH		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 28/51 Rpt: 51/74	Limón, Lilia	0000037	
4	Date	5 Payee name	-	
	08/26/2024	Meta		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$35.00	1 Hacker Wy		
		Menlo Park, CA 94025		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF		rel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Aus	stin, TX, officeholder living expense	
		Ads		
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	<u>'</u>			
	Date	Payee name		
	08/26/2024	Meta		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$39.00	1 Hacker Wy		
		Menlo Park, CA 94025		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	7 Advertising Expense	rel outside of Texas. Complete Schedule T.	
		Ads	tin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O			
H	Date	Payee name		
	08/27/2024	Meta		
-	Amount (\$)	Payee address; City; State; Zip Code		
	\$43.00	1 Hacker Wy		
	÷ 12.00			
		Menlo Park, CA 94025		
	PURPOSE			
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if trav	rel outside of Texas. Complete Schedule T.	
	EXPENDITURE		stin, TX, officeholder living expense	
		Ads		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
	experialitate to benefit 0/011			
_				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 29/51 Rpt: 52/74	2 FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4	Date 08/28/2024	5 Payee name Meta		
6	Amount (\$) \$48.00	7 Payee address; City; State; Zip Co 1 Hacker Wy Menlo Park, CA 94025	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sout	ght	Office held
	Date 08/29/2024	Payee name Meta		
	Amount (\$) \$53.00	Payee address; City; State; Zip Co 1 Hacker Wy Menlo Park, CA 94025	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	ght	Office held
	Date 08/30/2024	Payee name Meta		
	Amount (\$) \$59.00	Payee address; City; State; Zip Co 1 Hacker Wy	de	
		Menlo Park, CA 94025		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 30/51 Rpt: 53/74	Limón, Lilia		00000037
4	Date	5 Payee name		·
	08/30/2024	Meta		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$65.00	1 Hacker Wy		
		Menlo Park, CA 94025		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Ads
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	,b+	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Jrit	Office field
	Date	Payee name		
	09/03/2024	Meta		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$72.00	1 Hacker Wy		
		Menlo Park, CA 94025		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Ads
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OH			
	Date	Payee name		
	09/03/2024	Meta		
	Amount (\$)	Payee address; City; State; Zip Cod	de.	
	\$28.13	1 Hacker Wy		
	,			
		Menlo Park, CA 94025		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(0)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Ads
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 31/51 Rpt: 54/74	Limón, Lilia 00000037
4 Date	5 Payee name
09/03/2024	Meta
6 Amount (\$) \$27.08	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
09/03/2024	Meta
Amount (\$) \$75.00	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
09/03/2024	Meta
Amount (\$) \$75.00	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services S The Instruction Guide explains how		of/Contract Labor OTHER (enter a category not listed above) ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 32/51 Rpt: 55/74	Limón, Lilia		00000037
4	Date	5 Payee name		
	09/03/2024	Meta		
6	Amount (\$) \$75.00	7 Payee address; City; State; 21 Hacker WyMenlo Park, CA 94025	Zip Code	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
9	Complete ONLY if direct expenditure to benefit C/Ol		ce sought	Office held
	Date	Payee name		
	09/04/2024	Meta		
	Amount (\$) \$75.00	Payee address; City; State; 2 1 Hacker Wy Menlo Park, CA 94025	Zip Code	
	PURPOSE	(a) Category (See Categories listed at the top of this schedu	_{ile)} (b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
	Complete ONLY if direct expenditure to benefit C/OI		ce sought	Office held
	Date	Payee name		
	09/05/2024	Meta		
	Amount (\$) \$75.00	Payee address; City; State; 2 1 Hacker Wy	Zip Code	
		Menlo Park, CA 94025		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
	Complete ONLY if direct expenditure to benefit C/OI		ce sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1: Sch: 33/51 Rpt: 56/74	2 FILER NAME Limón, Lilia 3 Filer ID (Ethics Commission Filers) 00000037		
4	Date 09/06/2024	5 Payee name Meta		
6	Amount (\$) \$75.00	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date 09/06/2024	Payee name Meta		
	Amount (\$) \$75.00	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads	_	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date 09/09/2024	Payee name Meta	_	
	Amount (\$) \$75.00	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission of Sch: 34/51 Rpt: 57/74 Limón, Lilia 00000037	lers)	
Sch: 34/51 Rpt: 57/74 Limón, Lilia 00000037		
4 Date 5 Payee name		
09/09/2024 Meta		
6 Amount (\$) 7 Payee address; City; State; Zip Code		
\$75.00 1 Hacker Wy		
Menlo Park, CA 94025		
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Advertising Function Check if travel outside of Texas Complete Schedule T		
Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Ads		
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH		
Date I -		
Date Payee name		
09/10/2024 Meta		
Amount (\$) Payee address; City; State; Zip Code		
\$75.00 1 Hacker Wy		
Menlo Park, CA 94025		
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description		
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
Check if Austin, TX, officeholder living expense		
Ads		
Outside ONLY if the total of the bold of t		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
· · · · · · · · · · · · · · · · · · ·		
Date Payee name		
09/19/2024 Meta		
Amount (\$) Payee address; City; State; Zip Code		
\$75.00 1 Hacker Wy		
Menlo Park, CA 94025		
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description		
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
Check if Austin, 1X, officenoider living expense		
Ads		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
- p		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	eu above)
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	mission Filers)
Ĺ	Sch: 35/51 Rpt: 58/74		/
4	Date	5 Payee name	
	09/20/2024	Meta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.00	1 Hacker Wy	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T	•
		Check if Austin, TX, officeholder living expense Ads	
		, ids	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
-	Date	Payon namo	
	09/20/2024	Payee name Meta	
	Amount (\$)		
	\$2.00		
	Φ2.00	T HAUNCH VVY	
		Marila Darily OA 04005	
		Menlo Park, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T	•
		Ads	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH	DH .	
	Date	Payee name	
	09/23/2024	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.00		
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense Ads	
		Aus	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 36/51 Rpt: 59/74	Limón, Lilia 00000037	
4	Date	5 Payee name	
	09/23/2024	Meta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.00	1 Hacker Wy	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Co	
		Ads	ig expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	neld
	expenditure to benefit C/OI	DH .	
F	Date	Payee name	
	09/23/2024	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.00	1 Hacker Wy	
		Menlo Park, CA 94025	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Co	
		Check if Austin, TX, officeholder livit Ads	ng expense
		/ us	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office I	neld
	expenditure to benefit C/OI		
F	Date	Payee name	
	09/23/2024	Meta	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.00	1 Hacker Wy	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Co	•
		Check if Austin, TX, officeholder livit Ads	ng expense
		Aus	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office I	neld
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 37/51 Rpt: 60/74	Limón, Lilia 00000037	
4	Date	5 Payee name	
	09/23/2024	Meta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.00	1 Hacker Wy	
		Menlo Park, CA 94025	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Ads	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O		
\vdash	Date	Payeo namo	
	09/23/2024	Payee name Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.00	1 Hacker Wy	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Ads	
		Aus	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH	•	
	Date	Payee name	
	09/23/2024	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	1 Hacker Wy	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Ads	
		Aus	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/51 Rpt: 61/74	Limón, Lilia	0000037
4	Date	5 Payee name	•
	09/23/2024	Meta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.00	1 Hacker Wy	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Ads
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
	Date	Payee name	
	09/23/2024	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	1 Hacker Wy	
		Menlo Park, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/23/2024	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	1 Hacker Wy	
		•	
		Menlo Park, CA 94025	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	/ lavertioning Expense	Check if Austin, TX, officeholder living expense
			Ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experioritare to benefit 6/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 39/51 Rpt: 62/74	Limón, Lilia 00000037	
4	Date	5 Payee name	_
	09/23/2024	Meta	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.00	1 Hacker Wy	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Ads	
		, las	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
⊨	Date	Payee name	_
	09/23/2024	Meta	
┝			_
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 1 Hacker Wy	
	φ5.00	I Hacker Wy	
		Marila Dark, CA 04005	
		Menlo Park, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Ads	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
	Date	Payee name	_
	09/24/2024	Meta	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$7.00	1 Hacker Wy	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Advertising Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Ads	
_	Complete ONLY if alice at	Candidate/Officeholder name Office sought	_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to o	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 40/51 Rpt: 63/74	Limón, Lilia		0000037
4	Date	5 Payee name		
	09/24/2024	Meta		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$7.00	1 Hacker Wy		
		Menlo Park, CA 94025		
8	PURPOSE		(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(6)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Ads
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	experioration benefit C/O	7		
	Date	Payee name		
	09/25/2024	Meta		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$10.00	1 Hacker Wy		
		Menlo Park, CA 94025		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Ads
				Aus
-	Complete ONLY if direct	Candidate/Officeholder name Office so	liaht	Office held
	expenditure to benefit C/OI		agiit	Cince Hold
-	Date	Davies nome		
	09/26/2024	Payee name Meta		
			'odo	
	Amount (\$) \$11.00	Payee address; City; State; Zip C 1 Hacker Wy	oue	
	Φ11.00	I Hacker Wy		
		Marila Dark, CA 0400F		
		Menlo Park, CA 94025	1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Ads
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
L				

SCHEDULE F1

Advertising Expense Event Ex Accounting/Banking Fees Consulting Expense Food/Be

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

EXPENDITURE CATEGORIES FOR BOX 8(a)Event Expense Loan Repayment/Reimbu

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 41/51 Rpt: 64/74	Limón, Lilia		00000037
4	Date	5 Payee name		
L	08/01/2024	Meta		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$10.00	1 Hacker Wy		
		Menlo Park, CA 94025		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
ľ	OF EXPENDITURE	Advertising Expense	(-,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Ads
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office held
	expenditure to benefit C/O		J	
F	Date	Payee name		
	07/25/2024	Meta		
Г	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$25.00	1 Hacker Wy		
		Menlo Park, CA 94025		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Ads
L				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
┡				
	Date 07/01/2024	Payee name Piedmont Plastics		
H	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$115.00	10871 Pellicano Dr.	ouc	
		El Paso, TX 79935		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Polling Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign Sign Holders
				. 3
T	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
			_	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Award: Legal Serv	rage Expense s/Memorials Expense ices ruction Guide expla		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2 FILE	R NAME						Filer ID	(Ethics Commission Filers)
	Sch: 42/51 Rpt: 65/74	Limo	ón, Lilia						00000037	
4	Date	5 Paye	ee name							
	07/30/2024		lmont Plastics							
6	Amount (\$)	7 Paye	ee address; C	City; St	ate; Zip Co	ode				
	\$115.00	108	71 Pellicano Dr							
		El P	aso, TX 79935							
8	PURPOSE			es listed at the top of this	a a a b a d u l a \	(b)	Description			
	OF		ertising Expens		s scriedule)	(~)	_ ·	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE	,	ortioning Expense				Check if Austin,	TX,	officeholder living	g expense
							Campaign sig	gn h	nolders	
9	Complete ONLY if direct		date/Officeholder	name	Office sou	ight			Office he	eld
L	expenditure to benefit C/O	1								
	Date	Paye	e name	<u> </u>			<u> </u>			
	09/13/2024	Pied	lmont Plastics							
	Amount (\$)	Paye	ee address; C	City; St	ate; Zip Co	ode				
	\$172.50	-	71 Pellicano Dr		•					
	7-1-100									
			aso, TX 79935							
						I				
	PURPOSE OF			es listed at the top of this	s schedule)	(a)	Description	outoio	do of Toyon Com	unlata Cabadula T
	EXPENDITURE	Adv	ertising Expens	e			ш		officeholder living	plete Schedule T. g expense
							Sign Holders			, . ,
							J			
	Complete ONLY if direct	Candi	date/Officeholder	name	Office sou	<u>ı</u> ıght			Office he	eld
	expenditure to benefit C/O					-				
H	Date	Pave	ee name							
	08/28/2024	,	id Papa Photos							
					ato: Zin Ca	nd c				
	Amount (\$)			city; St	ate; Zip Co	Jue				
	\$315.00	1/0.	1 Bassett Ave.							
		ElP	aso, TX 79901							
	PURPOSE OF			es listed at the top of this	s schedule)	(b)	Description			
	EXPENDITURE	Adv	ertising Expens	e			ш			plete Schedule T.
							Photo Session		officeholder living	g expense
							1 11010 363310	••		
\vdash	Complete ONLY if direct	Candi	date/Officeholder	name	Office sou	ıaht			Office he	ald
	expenditure to benefit C/O		uate/Onicendidel	папіс	Onice Suc	agrit			Office H	Jiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 43/51 Rpt: 66/74	Limón, Lilia						00000037	
4	Date	5 Payee name							
	09/19/2024	Proud Papa	Photos						
6	Amount (\$)	7 Payee addre		State; Zip C	ode				
	\$120.00	1701 Basse	tt Ave.						
		El Paso, TX	79901						
8	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense					officeholder living	plete Schedule T. gexpense
						Video Develo			,
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	08/10/2024	Rocha, Ger	esis						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$48.00	5509 NATC	1						
		El Paso, TX	79924		_				
	PURPOSE OF		ee Categories listed at the to		(b)	Description			
	EXPENDITURE	Salaries/Wa	ages/Contract Labo	or				de of Texas. Com officeholder living	plete Schedule T. g expense
						Block Walker			, - , -
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
_	Date	Payee name							
	08/03/2024	Rocha, Ger	esis						
	Amount (\$)	Payee addre		State; Zip C	ode:				
	\$145.00	5509 NATO		otate, zip e	ouc				
	72.0.00								
		El Paso, TX	79924						
	PURPOSE OF	1	ee Categories listed at the to		(b)	Description			
	EXPENDITURE	Salaries/Wa	iges/Contract Lab	or				officeholder living	plete Schedule T.
						Block Walker		T. NOON ON HAIT	,
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 44/51 Rpt: 67/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/06/2024	Rocha, Genesis
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.00	5509 NATO
		El Paso, TX 79924
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Block Walker
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/OI	
	Date	Payee name
	08/02/2024	Scale To Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.44	13742 Harper
		Santa Anna, CA 92703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Texting Platform
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/04/2024	Scale To Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.10	13742 Harper
		Santa Anna, CA 92703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/51 Rpt: 68/74	Limón, Lilia 00000037
4	Date	5 Payee name
L	08/17/2024	Taco Cabana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.16	1777 N Lee Trevino
		El Paso, TX 79936
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker Breakfast
		Block Walker Broakhact
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	08/10/2024	Taco Cabana
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$8.09	1777 N Lee Trevino
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker Soft Drinks
		Block Walker Coll Strike
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	08/12/2024	Taco Cabana
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.26	1777 N Lee Trevino
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Block Walker Coffee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/51 Rpt: 69/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/12/2024	Taco Cabana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.69	1777 N Lee Trevino
		El Paso, TX 79936
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker Water
		Block Walker Water
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	08/17/2024	Taco Cabana
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.16	1777 N Lee Trevino
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker Refreshments
		DIOCK WAIKEI NEITESTITIETIES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/19/2024	Taco Cabana
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.29	1777 N Lee Trevino
L		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker
		DIOCK WAIRCI
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/51 Rpt: 70/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/05/2024	Tapia, Leslie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$145.00	13131 Ayla Rd. Apt. B
		El Paso, TX 79935
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	08/13/2024	Tapia, Leslie
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	13131 Ayla Rd. Apt. B
		El Paso, TX 79935
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Block Walker
		Block Walker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/13/2024	Tapia, Leslie
	Amount (\$)	Payee address; City; State; Zip Code
	\$196.00	13131 Ayla Rd. Apt. B
		El Paso, TX 79935
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Block Walker
	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/51 Rpt: 71/74	Limón, Lilia 00000037
4	Date	5 Payee name
	08/15/2024	Tapia, Leslie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.00	13131 Ayla Rd. Apt. B
		El Paso, TX 79935
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker
		Block Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	08/21/2024	Tapia, Leslie
	Amount (\$)	Payee address; City; State; Zip Code
	\$214.00	13131 Ayla Rd. Apt. B
		El Paso, TX 79935
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker
		DIOCK WAIRCI
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	D .	
	Date	Payee name
	08/29/2024	Tapia, Leslie
	Amount (\$)	Payee address; City; State; Zip Code
	\$168.00	13131 Ayla Rd. Apt. B
		El Paso, TX 79935
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Block Walker
		DIOCK WAIKEI
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/51 Rpt: 72/74	Limón, Lilia 00000037
4	Date	5 Payee name
	09/05/2024	Tapia, Leslie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$252.00	13131 Ayla Rd. Apt. B
		El Paso, TX 79935
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walker
		Diock Walker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	09/09/2024	Vistago Print
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$571.46	6706 Lohman Ford Rd.
	40.20	
		Lago Vista, TX 78645
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Signs
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	08/02/2024	Whataburger
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$55.26	1198 Yarbrough
		El Paso, TX 79925
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Block Walkers Lunch
		DIOCK WAIKETS LUTICIT
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1: Sch: 50/51 Rpt: 73/74	2 FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4	Date 08/12/2024	5 Payee name Whataburger		•
6	Amount (\$) \$20.94	7 Payee address; City; State; Zip Coo 1198 Yarbrough El Paso, TX 79925	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker Refreshments
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Date 08/15/2024	Payee name Whataburger		
	Amount (\$) \$15.00	Payee address; City; State; Zip Coo 1198 Yarbrough El Paso, TX 79925	de	
	PURPOSE OF EXPENDITURE		(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker Refreshments
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 08/15/2024	Payee name Whataburger		
	Amount (\$) \$15.00	Payee address; City; State; Zip Coo 1198 Yarbrough	de	
		El Paso, TX 79925		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block Walker Refreshments
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/51 Rpt: 74/74	Limón, Lilia 00000037
4	Date	5 Payee name
	09/03/2024	Whataburger
6	Amount (\$) \$13.72	7 Payee address; City; State; Zip Code 8055 North Loop
	Ψ13.72	0033 North E00p
		El Paso, TX 79915
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker Refreshments
Ļ	On the late ONLY if all the st	Out that Off a half a same
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2024	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$9,071.00	8055 North Loop
		El Paso, TX 79915
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Block Walker Refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH		
	Date	Payee name
	07/03/2024	Zapa Graphics - Orlando Zapanta
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.60	3410 Wickham Ave. Ste 100
		El Paso, TX 79904
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Banners and Signs
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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