

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00000037	<b>2</b> Total pages filed: 74			
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>		
		Lilia				
	NICKNAME	LAST	SUFFIX	Date Received <b>ELECTRONICALLY FILED</b> 10/07/2024		
	Lily	Limón				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	1301 Lonewood Dr					
	El Paso, TX 79925			Receipt #      Amount		
				Date Processed		
				Date Imaged		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
		Alicia				
	NICKNAME	LAST	SUFFIX			
		Chacon				
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	8937A Old County Dr.  El Paso, TX 79907					
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
		(915) 534-7438				
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
<b>9</b> PERIOD COVERED	Month	Day	Year	Month	Day	Year
		07/01/2024		THROUGH	09/26/2024	
<b>10</b> ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
	11/05/2024			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any)			<b>12</b> OFFICE SOUGHT (if known) City Representative District District 7 El Paso		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 74

**13 C / OH NAME** Limón, Lilia **14 Filer ID** (Ethics Commission Filers)  
00000037

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	20,230.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	26,379.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,250.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,000.00

**17 AFFIDAVIT**

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

Lilia Limón

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Limón, Lilia	<b>19 Filer ID</b> (Ethics Commission Filers) 00000037
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,330.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,900.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 26,379.96
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/17 Rpt: 4/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Acosta, Christina <hr/> <b>6</b> Contributor address; City; State; Zip Code 9327 Elgin Dr.  El Paso, TX 79907	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armendariz, Albert <hr/> Contributor address; City; State; Zip Code 1701 Bassett Ave. Ste.156  El Paso, TX 79902	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Armendariz, Albert <hr/> Contributor address; City; State; Zip Code 1701 Bassett Ave. Ste.156  El Paso, TX 79902	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aston, James <hr/> Contributor address; City; State; Zip Code 143 Silverside Dr.  Perry, GA 31069	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avila, Ernie <hr/> Contributor address; City; State; Zip Code 712 Bancroft Rd. 333  Walnut Creek, CA 94598	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Avila and Associates

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/17 Rpt: 5/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderrama, Evangelina <hr/> <b>6</b> Contributor address; City; State; Zip Code 725 Hempstead Dr.  El Paso, TX 79912	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Insurance		<b>9</b> Employer (See Instructions) Gallagher Bassett
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera, Rose <hr/> Contributor address; City; State; Zip Code 9281 Cana Ave.  El Paso, TX 79907	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barron, Elizabeth <hr/> Contributor address; City; State; Zip Code 8821 Clavel Dr.  El Paso, TX 79907	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Instructional Aide		Employer (See Instructions) YISD
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barron, Elizabeth <hr/> Contributor address; City; State; Zip Code 8821 Clavel Dr.  El Paso, TX 79907	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Instructional Aide		Employer (See Instructions) YISD
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bernal, Hector <hr/> Contributor address; City; State; Zip Code 7916 Cielo Vista  El Paso, TX 79925	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) El Paso County

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/17 Rpt: 6/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 07/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bonart, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code 6524 Loma de Cristo  El Paso, TX 79912	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bonilla, Patricia <hr/> Contributor address; City; State; Zip Code 1233 Lonewood Dr.  El Paso, TX 79925	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bustamante, Roberto <hr/> Contributor address; City; State; Zip Code 278 Romeria Dr.  El Paso, TX 79907	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carpio, Cecilia <hr/> Contributor address; City; State; Zip Code 11231 Peacepipe  El Paso, TX 79936	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cromeans, Marilyn <hr/> Contributor address; City; State; Zip Code 4613 Skylark Way  El Paso, TX 79922	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/17 Rpt: 7/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Del Hierro, Bernie <hr/> <b>6</b> Contributor address; City; State; Zip Code 10616 Candlewood Ave.  El Paso, TX 79935	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dorado, Hortencia <hr/> Contributor address; City; State; Zip Code 4875 Cuartel Lane  El Paso, TX 79912	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Dorado Engineering
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duron, Diana <hr/> Contributor address; City; State; Zip Code 2304 Cumbre Negra St.  El Paso, TX 79925	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Clinical Social Worker		Employer (See Instructions) Private Practice
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engels, Jan (Mrs.) <hr/> Contributor address; City; State; Zip Code 2219 King James Pl. false El Paso, TX 79903	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engels, Jan (Mrs.) <hr/> Contributor address; City; State; Zip Code 2219 King James Pl. false El Paso, TX 79903	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/17 Rpt: 8/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 09/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Escobar, Enrique <hr/> <b>6</b> Contributor address; City; State; Zip Code 337 Borderland Rd. Space 7  El Paso, TX 79932	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Self Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esparza, Adriana <hr/> Contributor address; City; State; Zip Code 6911 Enid Ct.  El Paso, TX 79912	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Faraone, Peter <hr/> Contributor address; City; State; Zip Code PO Box 9623996  El Paso, TX 79996	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fierro, Enriqueta <hr/> Contributor address; City; State; Zip Code 8612 Whitus  El Paso, TX 79925	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fierro, Robert <hr/> Contributor address; City; State; Zip Code 1804 Julia May Place  El Paso, TX 79935	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/17 Rpt: 9/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, David <hr/> <b>6</b> Contributor address; City; State; Zip Code 6819 Amposta  El Paso, TX 79912	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions) Linebarger
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fraga, Gabriela <hr/> Contributor address; City; State; Zip Code 1020 Skyhopper Pl.  El Paso, TX 79928	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Ex. Admin Coordinator		Employer (See Instructions) El Paso County
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fraga, Gabriela <hr/> Contributor address; City; State; Zip Code 1020 Skyhopper  El Paso, TX 79928	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Ex. Admin.		Employer (See Instructions) El Paso County
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Angel <hr/> Contributor address; City; State; Zip Code 613 Bir Circle  El Paso, TX 79932	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, Laura <hr/> Contributor address; City; State; Zip Code 5908 Quinta Real Court  El Paso, TX 79912	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Scot Property Management

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/17 Rpt: 10/74
2 FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 08/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grossman, Max	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 6265 Camino Alegre Dr.  El Paso, TX 79912	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) UTEP
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grossman, Tyler	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 200 N. Festival Apt. 506  El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) EPFPPF
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerra, Lawrence	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 426 Country Oaks Dr.  El Paso, TX 79932	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) WTX-ISC
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guzman, Ramiro	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code PO Box 370396  El Paso, TX 79937	
Principal occupation / Job title (See Instructions) Sales Executive		Employer (See Instructions) James Edward & Co.
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harbout, Cori	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 7689 Paiute Way  El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Harbour Law Firm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/17 Rpt: 11/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 09/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hensgen, Linda <hr/> <b>6</b> Contributor address; City; State; Zip Code 2109 Windrock  El Paso, TX 79925	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Unemployed		<b>9</b> Employer (See Instructions) Unemployed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hijar Herrera, Esther <hr/> Contributor address; City; State; Zip Code 1345 Sabrina Lyn Dr.  El Paso, TX 79936	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hisa, Carlos <hr/> Contributor address; City; State; Zip Code 9316 Nakitu Dr.  El Paso, TX 79907	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Grant Manager		Employer (See Instructions) Ysleta del Sur Pueblo
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huerta, Arturo <hr/> Contributor address; City; State; Zip Code 3227 Altura  El Paso, TX 79930	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jewett, Leona <hr/> Contributor address; City; State; Zip Code 1427 Rebecca Ann Dr.  El Paso, TX 79936	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) St. Joseph School

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/17 Rpt: 12/74
2 FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jobe, Stanley	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code 1150 Southview Dr.  El Paso, TX 79928	
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Jobe
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnsen, Guy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 10213 Buckwood Ave.  El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Dennece	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 5015 Montoya  El Pasi, TX 79922	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeser, Oscar V. (The Honorable)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 7101 N. Mesa #374 false El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Elected Official		Employer (See Instructions) City of El Paso
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legarreta, Ismael	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 7609 Benson Dr.  El Paso, TX 79915	
Principal occupation / Job title (See Instructions) Structural Engineer		Employer (See Instructions) KASCO Structures

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/17 Rpt: 13/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Limon, Jose	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code 1301 Lonewood Dr  El Paso, TX 79925	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linebager Goggan Blair & Samson	Amount of Contribution (\$)  \$300.00
	Contributor address; City; State; Zip Code PO Box 1728  Austin, TX 78760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Richard	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code 11917 Paseo Real  El Paso, TX 79936	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Vanessa	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code 1701 Bassett Ave. Ste. 156  El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Law Office of Armendariz & Holguin
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medicia, Patricia	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code 1319 N. Oregon  El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Hal Marcus Gallery

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/17 Rpt: 14/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, Larry <hr/> <b>6</b> Contributor address; City; State; Zip Code 11008 Don January Dr.  El Paso, TX 79935	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mena, Ascension <hr/> Contributor address; City; State; Zip Code 8584 Van Haselen  El Paso, TX 79907	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mielke-Limon, Stephanie <hr/> Contributor address; City; State; Zip Code 9116 Mt. San Berdu Dr.  El Paso, TX 79924	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Case Manager		Employer (See Instructions) Center for Children & Families
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miyagishima, Kenneth <hr/> Contributor address; City; State; Zip Code 1510 S. Solano Dr.  Las Cruces, NM 88001	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Ken Miyagishima Ins.
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, Lila <hr/> Contributor address; City; State; Zip Code 5313 Hanawalt Dr.  El Paso, TX 79903	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/17 Rpt: 15/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Natividad, Maria <hr/> <b>6</b> Contributor address; City; State; Zip Code 10724 Camaro Court  El Paso, TX 79930	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ONEILL, Patrick <hr/> Contributor address; City; State; Zip Code 10237 Woodway Dr,  El Paso, TX 79925	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortega, Hilda <hr/> Contributor address; City; State; Zip Code 1848 Paseo Real Ct.  El Paso, TX 79936	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padilla, Jose <hr/> Contributor address; City; State; Zip Code 7449 Umbria Dr.  El Paso, TX 79904	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Linebarger
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padilla, Orlando <hr/> Contributor address; City; State; Zip Code 2068 Estancia Pl.  Las Cruces, NM 88005	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Padilla NetWorks

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/17 Rpt: 16/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 09/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paz, Javier <hr/> <b>6</b> Contributor address; City; State; Zip Code 5905 Westside  El Paso, TX 79932	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Admin		<b>9</b> Employer (See Instructions) El Paso County
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perez, Anna <hr/> Contributor address; City; State; Zip Code 673 Santiago Bustamante Ave.  Ysleta del Sur, TX 79927	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pescador Lopez, Carmen <hr/> Contributor address; City; State; Zip Code 8458 Hartford Lane  El Paso, TX 79907	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pina, Antonio <hr/> Contributor address; City; State; Zip Code 308 Calle Asti St.  El Paso, TX 79932	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Resendez, Robert <hr/> Contributor address; City; State; Zip Code 3150 N. Yarbrough Dr. Unite A-3  El Paso, TX 79925	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) None



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/17 Rpt: 17/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 09/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Martha	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code 436 Mockingbird  El Paso, TX 79907		
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Self Employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Silvestre	Amount of Contribution (\$)  \$300.00
Contributor address; City; State; Zip Code 732 Azalea  El Paso, TX 79922		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rincon Ortiz, Graciela	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code 3132 Eads Pl.  El Paso, TX 79935		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) El Paso County
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robles, Elizabeth	Amount of Contribution (\$)  \$15.00
Contributor address; City; State; Zip Code 1117 Del Norte St.  El Paso, TX 79915		
Principal occupation / Job title (See Instructions) LPC		Employer (See Instructions) Self
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robles, Elizabeth	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code 1117 Del Norte St.  El Paso, TX 79915		
Principal occupation / Job title (See Instructions) LPC		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/17 Rpt: 18/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roe, Bradley <hr/> <b>6</b> Contributor address; City; State; Zip Code 333 Barbaree Dr.  El Paso, TX 79912	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romero, Lawrence A. <hr/> Contributor address; City; State; Zip Code 11622 Aviation Blvd. Apt. 135  Inglewood, CA 90304	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Amazon
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saenz, Loretta <hr/> Contributor address; City; State; Zip Code 11824 Prado del Sol  El Paso, TX 79938	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salgado, Enriqueta <hr/> Contributor address; City; State; Zip Code 232 Tulane Dr.  El Paso, TX 79907	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Margarita <hr/> Contributor address; City; State; Zip Code 8408 Lasso Circle  El Paso, TX 79907	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/17 Rpt: 19/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 09/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scherr, James <hr/> <b>6</b> Contributor address; City; State; Zip Code 1790 Lee Trevino Ste. 601  El Paso, TX 79936	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Silva, Jr., Jose Angel <hr/> Contributor address; City; State; Zip Code 907 E. Baltimore Dr.  El Paso, TX 79902	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Deborah <hr/> Contributor address; City; State; Zip Code 800 D Espada Dr.  El Paso, TX 79912	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spalding, Emma <hr/> Contributor address; City; State; Zip Code 920 Blanchard Ave.  El Paso, TX 79902	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tellez, Carmen <hr/> Contributor address; City; State; Zip Code 640 N. Yarbrough  El Paso, TX 79915	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/17 Rpt: 20/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 09/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tovar-Feuerstein, Danny & Leo <hr/> <b>6</b> Contributor address; City; State; Zip Code 11 Garnet Crest Way  El Paso, TX 79902	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Professional		<b>9</b> Employer (See Instructions) Self Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trujillo, Anthony <hr/> Contributor address; City; State; Zip Code PO Box 1470  Canutillo, TX 79835	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Velarde, Ray <hr/> Contributor address; City; State; Zip Code 1216 Montana Ave.  El Paso, TX 79902	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vera, Beatriz <hr/> Contributor address; City; State; Zip Code 2016 Ocean Side Dr.  El Paso, TX 79936	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Ruth <hr/> Contributor address; City; State; Zip Code 3301 Rain Dance Dr.  El Paso, TX 79936	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		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 CONTRIBUTIONS		\$	
5 Date 07/31/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Eddie (Mr.)	8 Amount of contribution (\$) \$1,500.00	9 In-kind contribution description Consultation
	7 Contributor address; City; State; Zip Code 241 Elvin Way  El Paso, TX 79907		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		11 Employer (FOR NON-JUDICIAL) (See instructions) Sun Circle Strategic 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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Eddie (Mr.)	Amount of contribution (\$) \$1,500.00	In-kind contribution description Consultation
	Contributor address; City; State; Zip Code 241 Elvin Way  El Paso, TX 79907		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		Employer (FOR NON-JUDICIAL) (See instructions) Sun Circle Strategic 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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Eddie (Mr.)	Amount of contribution (\$) \$1,500.00	In-kind contribution description Consultation
	Contributor address; City; State; Zip Code 241 Elvin Way  El Paso, TX 79907		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		Employer (FOR NON-JUDICIAL) (See instructions) Sun Circle Strategic 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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/2 Rpt: 22/74	
2 FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/31/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon, Jose	8 Amount of contribution (\$) \$400.00	9 In-kind contribution description Cell Telephone Line, Assorted Refreshments
	7 Contributor address; City; State; Zip Code 1301 Lonewood Dr.  El Paso, TX 79925	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not Employed		11 Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon, Jose	Amount of contribution (\$) \$500.00	In-kind contribution description Cell Telephone Line and assorted volunteer refreshments
	Contributor address; City; State; Zip Code 1301 Lonewood Dr  El Paso, TX 79925	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not Employed		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon, Jose	Amount of contribution (\$) \$500.00	In-kind contribution description Cell Telephone Line and assorted volunteer refreshments
	Contributor address; City; State; Zip Code 1301 Lonewood Dr  El Paso, TX 79925	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not Employed		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 23/74
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 5,000.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 2/51 Rpt: 25/74	<b>2</b>	FILER NAME Limón, Lilia	<b>3</b>	Filer ID (Ethics Commission Filers) 00000037
<b>4</b>	Date 08/05/2024	<b>5</b>	Payee name Burger King		
<b>6</b>	Amount (\$) \$53.37	<b>7</b>	Payee address; City; State; Zip Code 1135 North Yarbrough Dr.  El Paso, TX 79925		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walkers Lunch		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/17/2024		Payee name Canchola, Patricia		
	Amount (\$) \$120.00		Payee address; City; State; Zip Code 338 Hourglass  El Paso, TX 79915		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/23/2024		Payee name City of El Paso		
	Amount (\$) \$250.00		Payee address; City; State; Zip Code 300 N. Campbell  El Paso, TX 79901		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense City Representative District 7 filing fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/51 Rpt: 26/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 07/19/2024	<b>5</b> Payee name Cognent	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code PO Box 536421  Orlando, FL 32853	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Housing
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Cognent	
Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 536421  Orlando, FL 32853	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data Management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Cognent	
Amount (\$) \$72.00	Payee address; City; State; Zip Code PO Box 536421  Orlando, FL 32853	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 4/51 Rpt: 27/74	<b>2</b>	FILER NAME Limón, Lilia	<b>3</b>	Filer ID (Ethics Commission Filers) 00000037
<b>4</b>	Date 07/01/2024	<b>5</b>	Payee name Constant Contact		
<b>6</b>	Amount (\$) \$53.30	<b>7</b>	Payee address; City; State; Zip Code 1601 Trapelo Rd.  Waltham, MA 02451		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Platform		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/18/2024		Payee name Constant Contact		
	Amount (\$) \$42.99		Payee address; City; State; Zip Code 1601 Trapelo Rd.  Waltham, MA 02451		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Platform		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/29/2024		Payee name Constant Contact		
	Amount (\$) \$170.56		Payee address; City; State; Zip Code 1601 Trapelo Rd.  Waltham, MA 02451		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Platform		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/51 Rpt: 28/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/29/2024	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$170.56	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Rd.  Waltham, MA 02451	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	Payee name Costco	
Amount (\$) \$102.78	Payee address; City; State; Zip Code 6101 Gateway West Blvd  El Paso, TX 79925	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy for July 4, 2024 parade
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name DS Political	
Amount (\$) \$560.00	Payee address; City; State; Zip Code 2000 E. MLK, Jr., Blvd  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/51 Rpt: 29/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 09/03/2024	<b>5</b> Payee name DS Political
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 2000 E. MLK, Jr., Blvd  Austin, TX 78702
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/06/2024	Payee name Diaz, Alexis
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Amount (\$) \$145.00	Payee address; City; State; Zip Code 13380 Lopez Rd.  El Paso, TX 79938
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/07/2024	Payee name Diaz, Alexis
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Amount (\$) \$29.00	Payee address; City; State; Zip Code 13380 Lopez Rd.  El Paso, TX 79938
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 7/51 Rpt: 30/74	<b>2</b>	FILER NAME Limón, Lilia	<b>3</b>	Filer ID (Ethics Commission Filers) 00000037
<b>4</b>	Date 08/13/2024	<b>5</b>	Payee name Diaz, Alexis		
<b>6</b>	Amount (\$) \$192.00	<b>7</b>	Payee address; City; State; Zip Code 13380 Lopez Rd.  El Paso, TX 79938		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/14/2024		Payee name Diaz, Alexis		
	Amount (\$) \$48.00		Payee address; City; State; Zip Code 13380 Lopez Rd.  El Paso, TX 79938		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/21/2024		Payee name Diaz, Alexis		
	Amount (\$) \$162.00		Payee address; City; State; Zip Code 13380 Lopez Rd.  El Paso, TX 79938		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 8/51 Rpt: 31/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b>	Date 08/23/2024	<b>5</b> Payee name Diaz, Alexis	
<b>6</b>	Amount (\$) \$156.00	<b>7</b> Payee address; City; State; Zip Code 13380 Lopez Rd.  El Paso, TX 79938	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 09/05/2024	Candidate/Officeholder name Diaz, Alexis	
	Amount (\$) \$252.00	Office sought El Paso, TX 79938	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 07/05/2024	Candidate/Officeholder name Dollar Tree	
	Amount (\$) \$34.64	Office sought El Paso, TX 79925	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pens, markers, clipboards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/51 Rpt: 32/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 07/31/2024	<b>5</b> Payee name Dunkin Donuts	
<b>6</b> Amount (\$) \$18.19	<b>7</b> Payee address; City; State; Zip Code 1105 N. Yarbrough Dr.  El Paso, TX 79925	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block walkers coffee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name Dunkin Donuts	
Amount (\$) \$8.21	Payee address; City; State; Zip Code 1105 N. Yarbrough Dr.  El Paso, TX 79925	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walkers Breakfast
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Dunkin Donuts	
Amount (\$) \$25.80	Payee address; City; State; Zip Code 1105 N. Yarbrough Dr.  El Paso, TX 79925	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walkers Breakfast
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/51 Rpt: 33/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/05/2024	<b>5</b> Payee name Dunkin Donuts
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<b>6</b> Amount (\$)  \$17.81	<b>7</b> Payee address; City; State; Zip Code 1105 N. Yarbrough Dr.  El Paso, TX 79925
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walkers Breakfast
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/05/2024	Payee name Dunkin Donuts
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Amount (\$)  \$19.38	Payee address; City; State; Zip Code 1105 N. Yarbrough Dr.  El Paso, TX 79925
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walkers Breakfast
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/07/2024	Payee name Dunkin Donuts
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Amount (\$)  \$15.87	Payee address; City; State; Zip Code 1105 N. Yarbrough Dr.  El Paso, TX 79925
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Breakfast
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/51 Rpt: 34/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/07/2024	<b>5</b> Payee name Dunkin Donuts
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<b>6</b> Amount (\$) \$15.87	<b>7</b> Payee address; City; State; Zip Code 1105 N. Yarbrough Dr.  El Paso, TX 79925
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Beverages
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/07/2024	Payee name Dunkin Donuts
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Amount (\$) \$19.21	Payee address; City; State; Zip Code 1105 N. Yarbrough Dr.  El Paso, TX 79925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Beverages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/05/2024	Payee name EPMP
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Amount (\$) \$539.09	Payee address; City; State; Zip Code 1144 Vista De Oro Ste. A  El Paso, TX 79935
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/51 Rpt: 35/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/13/2024	<b>5</b> Payee name EPMP
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<b>6</b> Amount (\$) \$539.09	<b>7</b> Payee address; City; State; Zip Code 1144 Vista De Oro Ste. A  El Paso, TX 79935
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/20/2024	Payee name EPMP
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Amount (\$) \$557.96	Payee address; City; State; Zip Code 1144 Vista De Oro Ste. A  El Paso, TX 79935
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/29/2024	Payee name EPMP
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Amount (\$) \$697.45	Payee address; City; State; Zip Code 1144 Vista De Oro Ste. A  El Paso, TX 79935
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/51 Rpt: 36/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/28/2024	<b>5</b> Payee name El Paso Bench Ads
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<b>6</b> Amount (\$) \$400.00	<b>7</b> Payee address; City; State; Zip Code 1025 Texas Ave, Ste. 101  El Paso, TX 79901
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name El Paso Bench Ads
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Amount (\$) \$440.00	Payee address; City; State; Zip Code 1025 Texas Ave, Ste. 101  El Paso, TX 79901
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/06/2024	Payee name Enriquez, Denise
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Amount (\$) \$145.00	Payee address; City; State; Zip Code 13261 Ayla Rd.  El Paso, TX 79938
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/51 Rpt: 37/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/07/2024	<b>5</b> Payee name Enriquez, Denise	
<b>6</b> Amount (\$) \$29.00	<b>7</b> Payee address; City; State; Zip Code 13261 Ayla Rd.  El Paso, TX 79938	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/13/2024	Payee name Enriquez, Denise	
Amount (\$) \$198.00	Payee address; City; State; Zip Code 13261 Ayla Rd.  El Paso, TX 79938	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/15/2024	Payee name Enriquez, Denise	
Amount (\$) \$48.00	Payee address; City; State; Zip Code 13261 Ayla Rd.  El Paso, TX 79938	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/51 Rpt: 38/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/20/2024	<b>5</b> Payee name Enriquez, Denise
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<b>6</b> Amount (\$) \$212.00	<b>7</b> Payee address; City; State; Zip Code 13261 Ayla Rd.  El Paso, TX 79938
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/23/2024	Payee name Enriquez, Denise
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Amount (\$) \$156.00	Payee address; City; State; Zip Code 13261 Ayla Rd.  El Paso, TX 79938
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2024	Payee name Enriquez, Denise
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Amount (\$) \$252.00	Payee address; City; State; Zip Code 13261 Ayla Rd.  El Paso, TX 79938
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/51 Rpt: 39/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 07/05/2024	<b>5</b> Payee name Enterprise Rent a Car
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<b>6</b> Amount (\$) \$116.11	<b>7</b> Payee address; City; State; Zip Code 8000 Gateway Blvd E  El Paso, TX 79907
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental car for 4th of July parade
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/09/2024	Payee name Factor Prints
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Amount (\$) \$753.42	Payee address; City; State; Zip Code 4400 Chester Ave  El Paso, TX 79903
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Tshirts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/12/2024	Payee name Family Dollar
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Amount (\$) \$5.14	Payee address; City; State; Zip Code 8899 Alameda Ave.  El Paso, TX 79907
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rope for Banner
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/51 Rpt: 40/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/07/2024	<b>5</b> Payee name Flores, Lucas
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<b>6</b> Amount (\$) \$224.25	<b>7</b> Payee address; City; State; Zip Code 231 Elvin Way  El Paso, TX 79907
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Caps
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2024	Payee name Frias, Kathy
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Amount (\$) \$48.00	Payee address; City; State; Zip Code 13131 Ayla Rd.  El Paso, TX 79938
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2024	Payee name Frias, Kathy
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Amount (\$) \$144.00	Payee address; City; State; Zip Code 13131 Ayla Rd  El Paso, TX 79938
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/51 Rpt: 41/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/21/2024	<b>5</b> Payee name Frias, Kathy
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<b>6</b> Amount (\$) \$212.00	<b>7</b> Payee address; City; State; Zip Code 13131 Ayla Rd.  El Paso, TX 79938
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/23/2024	Payee name Frias, Kathy
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Amount (\$) \$216.00	Payee address; City; State; Zip Code 13131 Ayla Rd.  El Paso, TX 79938
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2024	Payee name Frias, Kathy
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Amount (\$) \$252.00	Payee address; City; State; Zip Code 13131 Ayla Rd.  El Paso, TX 79938
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/51 Rpt: 42/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 09/09/2024	<b>5</b> Payee name Guerrero, Miguel
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<b>6</b> Amount (\$) \$816.00	<b>7</b> Payee address; City; State; Zip Code 11981 Brave Heart  El Paso, TX 79936
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/12/2024	Payee name Harbor Freight
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Amount (\$) \$18.19	Payee address; City; State; Zip Code 3333 Yarbrough Dr.  El Paso, TX 79925
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zip ties
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Harland Clarke Check
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Amount (\$) \$42.16	Payee address; City; State; Zip Code 5800 Northwest Pkwy  Austin, TX 78249
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Order
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/51 Rpt: 43/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 07/10/2024	<b>5</b> Payee name Holguin, Eddie (Mr.)
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<b>6</b> Amount (\$) \$217.50	<b>7</b> Payee address; City; State; Zip Code 241 Elvin Way  El Paso, TX 79907
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/10/2024	Payee name Holguin, Eddie (Mr.)
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Amount (\$) \$314.25	Payee address; City; State; Zip Code 241 Elvin Way  El Paso, TX 79907
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners and magnets
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/10/2024	Payee name Holguin, Eddie (Mr.)
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Amount (\$) \$904.52	Payee address; City; State; Zip Code 241 Elvin Way  El Paso, TX 79907
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/51 Rpt: 44/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/12/2024	<b>5</b> Payee name La Pila	
<b>6</b> Amount (\$) \$51.22	<b>7</b> Payee address; City; State; Zip Code 8714 Alameda  El Paso, TX 79907	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walkers Lunch
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/08/2024	Payee name La Tapatia, Inc.	
Amount (\$) \$33.01	Payee address; City; State; Zip Code 8941 Old County Dr.  El Paso, TX 79907	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting with volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/18/2024	Payee name Limon, Santiago	
Amount (\$) \$191.92	Payee address; City; State; Zip Code 5730 Middlesboro Ave.  false El Paso, TX 79924	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs for election day
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/51 Rpt: 45/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/08/2024	<b>5</b> Payee name McDonald's	
<b>6</b> Amount (\$) \$8.96	<b>7</b> Payee address; City; State; Zip Code 8675 Alameda  El Paso, TX 79907	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/12/2024	Payee name McDonald's	
Amount (\$) \$19.00	Payee address; City; State; Zip Code 8675 Alameda  El Paso, TX 79907	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/13/2024	Payee name McDonald's	
Amount (\$) \$21.58	Payee address; City; State; Zip Code 8675 Alameda  El Paso, TX 79907	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/51 Rpt: 46/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/15/2024	<b>5</b> Payee name McDonald's	
<b>6</b> Amount (\$) \$10.34	<b>7</b> Payee address; City; State; Zip Code 8675 Alameda  El Paso, TX 79907	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/15/2024	Payee name McDonald's	
Amount (\$) \$2.15	Payee address; City; State; Zip Code 8675 Alameda  El Paso, TX 79907	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/19/2024	Payee name McDonald's	
Amount (\$) \$8.08	Payee address; City; State; Zip Code 8675 Alameda  El Paso, TX 79907	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/51 Rpt: 47/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/19/2024	<b>5</b> Payee name McDonald's	
<b>6</b> Amount (\$) \$13.59	<b>7</b> Payee address; City; State; Zip Code 8675 Alameda  El Paso, TX 79907	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2024	Payee name McDonald's	
Amount (\$) \$3.76	Payee address; City; State; Zip Code 8675 Alameda  El Paso, TX 79907	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2024	Payee name McDonald's	
Amount (\$) \$2.13	Payee address; City; State; Zip Code 8675 Alameda  El Paso, TX 79907	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/51 Rpt: 48/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/22/2024	<b>5</b> Payee name McDonald's
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<b>6</b> Amount (\$) \$21.49	<b>7</b> Payee address; City; State; Zip Code 8675 Alameda  El Paso, TX 79907
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/28/2024	Payee name McDonald's
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Amount (\$) \$22.23	Payee address; City; State; Zip Code 8675 Alameda  El Paso, TX 79907
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/29/2024	Payee name McDonald's
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Amount (\$) \$21.24	Payee address; City; State; Zip Code 8675 Alameda  El Paso, TX 79907
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshment
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/51 Rpt: 49/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 07/25/2024	<b>5</b> Payee name Meta	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Ads
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2024	Payee name Meta	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name Meta	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/51 Rpt: 50/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/23/2024	<b>5</b> Payee name Meta	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/26/2024	Payee name Meta	
Amount (\$) \$28.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/26/2024	Payee name Meta	
Amount (\$) \$31.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/51 Rpt: 51/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/26/2024	<b>5</b> Payee name Meta	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Meta	
Amount (\$) \$39.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name Meta	
Amount (\$) \$43.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/51 Rpt: 53/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/30/2024	<b>5</b> Payee name Meta
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<b>6</b> Amount (\$) \$65.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Meta
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Amount (\$) \$72.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Meta
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Amount (\$) \$28.13	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/51 Rpt: 54/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 09/03/2024	<b>5</b> Payee name Meta
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<b>6</b> Amount (\$) \$27.08	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Meta
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Amount (\$) \$75.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Meta
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Amount (\$) \$75.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/51 Rpt: 55/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 09/03/2024	<b>5</b> Payee name Meta	
<b>6</b> Amount (\$) \$75.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name Meta	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name Meta	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/51 Rpt: 56/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 09/06/2024	<b>5</b> Payee name Meta
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<b>6</b> Amount (\$) \$75.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/06/2024	Payee name Meta
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Amount (\$) \$75.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/09/2024	Payee name Meta
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Amount (\$) \$75.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/51 Rpt: 58/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 09/20/2024	<b>5</b> Payee name Meta
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<b>6</b> Amount (\$) \$2.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/20/2024	Payee name Meta
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Amount (\$) \$2.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2024	Payee name Meta
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Amount (\$) \$2.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 36/51 Rpt: 59/74	<b>2</b>	FILER NAME Limón, Lilia	<b>3</b>	Filer ID (Ethics Commission Filers) 00000037
<b>4</b>	Date 09/23/2024	<b>5</b>	Payee name Meta		
<b>6</b>	Amount (\$) \$2.00	<b>7</b>	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/23/2024		Payee name Meta		
	Amount (\$) \$2.00		Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/23/2024		Payee name Meta		
	Amount (\$) \$2.00		Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 37/51 Rpt: 60/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 09/23/2024	<b>5</b> Payee name Meta
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<b>6</b> Amount (\$) \$2.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2024	Payee name Meta
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Amount (\$) \$2.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2024	Payee name Meta
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Amount (\$) \$3.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/51 Rpt: 61/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 09/23/2024	<b>5</b> Payee name Meta
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<b>6</b> Amount (\$) \$3.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2024	Payee name Meta
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Amount (\$) \$3.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2024	Payee name Meta
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Amount (\$) \$5.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 39/51 Rpt: 62/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 09/23/2024	<b>5</b> Payee name Meta	
<b>6</b> Amount (\$) \$5.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/23/2024	Payee name Meta	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/24/2024	Payee name Meta	
Amount (\$) \$7.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 40/51 Rpt: 63/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 09/24/2024	<b>5</b> Payee name Meta
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<b>6</b> Amount (\$) \$7.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/25/2024	Payee name Meta
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/26/2024	Payee name Meta
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Amount (\$) \$11.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 41/51 Rpt: 64/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/01/2024	<b>5</b> Payee name Meta	
<b>6</b> Amount (\$) \$10.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2024	Payee name Meta	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 Hacker Wy  Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Piedmont Plastics	
Amount (\$) \$115.00	Payee address; City; State; Zip Code 10871 Pellicano Dr.  El Paso, TX 79935	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Sign Holders
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 42/51 Rpt: 65/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 07/30/2024	<b>5</b> Payee name Piedmont Plastics
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<b>6</b> Amount (\$) \$115.00	<b>7</b> Payee address; City; State; Zip Code 10871 Pellicano Dr.  El Paso, TX 79935
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign sign holders
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/13/2024	Payee name Piedmont Plastics
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Amount (\$) \$172.50	Payee address; City; State; Zip Code 10871 Pellicano Dr.  El Paso, TX 79935
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Holders
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/28/2024	Payee name Proud Papa Photos
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Amount (\$) \$315.00	Payee address; City; State; Zip Code 1701 Bassett Ave.  El Paso, TX 79901
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photo Session
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 43/51 Rpt: 66/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 09/19/2024	<b>5</b> Payee name Proud Papa Photos	
<b>6</b> Amount (\$) \$120.00	<b>7</b> Payee address; City; State; Zip Code 1701 Bassett Ave.  El Paso, TX 79901	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Development
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2024	Payee name Rocha, Genesis	
Amount (\$) \$48.00	Payee address; City; State; Zip Code 5509 NATO  El Paso, TX 79924	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2024	Payee name Rocha, Genesis	
Amount (\$) \$145.00	Payee address; City; State; Zip Code 5509 NATO  El Paso, TX 79924	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 44/51 Rpt: 67/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/06/2024	<b>5</b> Payee name Rocha, Genesis	
<b>6</b> Amount (\$) \$29.00	<b>7</b> Payee address; City; State; Zip Code 5509 NATO  El Paso, TX 79924	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	Payee name Scale To Win	
Amount (\$) \$62.44	Payee address; City; State; Zip Code 13742 Harper  Santa Anna, CA 92703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name Scale To Win	
Amount (\$) \$42.10	Payee address; City; State; Zip Code 13742 Harper  Santa Anna, CA 92703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 45/51 Rpt: 68/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/17/2024	<b>5</b> Payee name Taco Cabana
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<b>6</b> Amount (\$) \$26.16	<b>7</b> Payee address; City; State; Zip Code 1777 N Lee Trevino  El Paso, TX 79936
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Breakfast
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/10/2024	Payee name Taco Cabana
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Amount (\$) \$8.09	Payee address; City; State; Zip Code 1777 N Lee Trevino  El Paso, TX 79936
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Soft Drinks
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/12/2024	Payee name Taco Cabana
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Amount (\$) \$2.26	Payee address; City; State; Zip Code 1777 N Lee Trevino  El Paso, TX 79936
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Coffee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 46/51 Rpt: 69/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 08/12/2024	<b>5</b> Payee name Taco Cabana	
<b>6</b> Amount (\$) \$1.69	<b>7</b> Payee address; City; State; Zip Code 1777 N Lee Trevino  El Paso, TX 79936	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Water
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/17/2024	Payee name Taco Cabana	
Amount (\$) \$26.16	Payee address; City; State; Zip Code 1777 N Lee Trevino  El Paso, TX 79936	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Taco Cabana	
Amount (\$) \$16.29	Payee address; City; State; Zip Code 1777 N Lee Trevino  El Paso, TX 79936	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 47/51 Rpt: 70/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/05/2024	<b>5</b> Payee name Tapia, Leslie
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<b>6</b> Amount (\$) \$145.00	<b>7</b> Payee address; City; State; Zip Code 13131 Ayla Rd. Apt. B  El Paso, TX 79935
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/13/2024	Payee name Tapia, Leslie
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Amount (\$) \$29.00	Payee address; City; State; Zip Code 13131 Ayla Rd. Apt. B  El Paso, TX 79935
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/13/2024	Payee name Tapia, Leslie
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Amount (\$) \$196.00	Payee address; City; State; Zip Code 13131 Ayla Rd. Apt. B  El Paso, TX 79935
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 48/51 Rpt: 71/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/15/2024	<b>5</b> Payee name Tapia, Leslie
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<b>6</b> Amount (\$) \$48.00	<b>7</b> Payee address; City; State; Zip Code 13131 Ayla Rd. Apt. B  El Paso, TX 79935
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/21/2024	Payee name Tapia, Leslie
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Amount (\$) \$214.00	Payee address; City; State; Zip Code 13131 Ayla Rd. Apt. B  El Paso, TX 79935
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/29/2024	Payee name Tapia, Leslie
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Amount (\$) \$168.00	Payee address; City; State; Zip Code 13131 Ayla Rd. Apt. B  El Paso, TX 79935
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 49/51 Rpt: 72/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 09/05/2024	<b>5</b> Payee name Tapia, Leslie	
<b>6</b> Amount (\$) \$252.00	<b>7</b> Payee address; City; State; Zip Code 13131 Ayla Rd. Apt. B  El Paso, TX 79935	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Vistago Print	
Amount (\$) \$571.46	Payee address; City; State; Zip Code 6706 Lohman Ford Rd.  Lago Vista, TX 78645	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	Payee name Whataburger	
Amount (\$) \$55.26	Payee address; City; State; Zip Code 1198 Yarbrough  El Paso, TX 79925	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walkers Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 50/51 Rpt: 73/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 08/12/2024	<b>5</b> Payee name Whataburger
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<b>6</b> Amount (\$) \$20.94	<b>7</b> Payee address; City; State; Zip Code 1198 Yarbrough  El Paso, TX 79925
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2024	Payee name Whataburger
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Amount (\$) \$15.00	Payee address; City; State; Zip Code 1198 Yarbrough  El Paso, TX 79925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2024	Payee name Whataburger
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Amount (\$) \$15.00	Payee address; City; State; Zip Code 1198 Yarbrough  El Paso, TX 79925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 51/51 Rpt: 74/74	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 09/03/2024	<b>5</b> Payee name Whataburger
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<b>6</b> Amount (\$)  \$13.72	<b>7</b> Payee address; City; State; Zip Code 8055 North Loop  El Paso, TX 79915
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name Whataburger
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Amount (\$)  \$9,071.00	Payee address; City; State; Zip Code 8055 North Loop  El Paso, TX 79915
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Refreshments
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/03/2024	Payee name Zapa Graphics - Orlando Zapanta
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Amount (\$)  \$86.60	Payee address; City; State; Zip Code 3410 Wickham Ave. Ste 100  El Paso, TX 79904
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners and Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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