

# 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: 26
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Lilia MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 10/28/2024	
	NICKNAME Lily LAST Limón SUFFIX		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1301 Lonewood Dr  El Paso, TX 79925		Date Hand-delivered or Date Postmarked
			Receipt #      Amount
			Date Processed
			Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Alicia MI	<b>OFFICE USE ONLY</b> Date Hand-delivered or Date Postmarked	
	NICKNAME LAST Chacon SUFFIX		
<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 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 checked="" 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      THROUGH      Month    Day    Year 09/27/2024      10/26/2024		
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
<b>11</b> OFFICE	OFFICE HELD (if any) None District 7 El Paso		<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

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<b>13 C / OH NAME</b> Limón, Lilia	<b>14 Filer ID</b> (Ethics Commission Filers) 00000037
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<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)	\$	14,235.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	12,344.36
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,633.16
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,000.00

**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
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,035.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,200.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 12,344.36
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: 1/8 Rpt: 4/26
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Acosta, Emma <hr/> <b>6</b> Contributor address; City; State; Zip Code 8904 WH Burges  El Paso, TX 79925	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) EmmaCosta Consulting
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Carlos <hr/> Contributor address; City; State; Zip Code 3420 Pershing Dr.  El Paso, TX 79903	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baeza, Diana <hr/> Contributor address; City; State; Zip Code 250 Trice Circle  El Paso, TX 79907	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Our Lady of Mt. Carmel
Date 10/18/2024	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) Not Employed		Employer (See Instructions) Not Employed
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bass, Ben <hr/> Contributor address; City; State; Zip Code 3501 Hueco Ave.  El Paso, TX 79903	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) El Paso Alliance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/8 Rpt: 5/26
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berg, Tanny <hr/> <b>6</b> Contributor address; City; State; Zip Code 444 Executive Center  El Paso, TX 79902	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Developer		<b>9</b> Employer (See Instructions) Self
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Biggs, Laura <hr/> Contributor address; City; State; Zip Code 5568 Salem  El Paso, TX 79924	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bonart, Richard <hr/> Contributor address; City; State; Zip Code 6524 Loma de Cristo  El Paso, TX 79912	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowling, Randall <hr/> Contributor address; City; State; Zip Code 1507 Rim Road  El Paso, TX 79902	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions) Tropicana Homes
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowling, Robert <hr/> Contributor address; City; State; Zip Code 457 San Clemente  El Paso, TX 79912	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions) Tropicana Homes

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/8 Rpt: 6/26
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cobb, Teresa <hr/> <b>6</b> Contributor address; City; State; Zip Code 12216 Rathmore Dr.  El Paso, TX 79928	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donohoe, Raul <hr/> Contributor address; City; State; Zip Code 14800 Marina Ave.  El Paso, TX 79938	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/09/2024	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) Retired		Employer (See Instructions) None
Date 10/15/2024	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
Date 10/12/2024	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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/8 Rpt: 7/26
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gorski, Kenneth <hr/> <b>6</b> Contributor address; City; State; Zip Code 517 Granada Ave.  El Paso, TX 79912	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jobe, Stanley <hr/> Contributor address; City; State; Zip Code 1150 Southview Dr.  El Paso, TX 79928	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leeser, Oscar V. <hr/> Contributor address; City; State; Zip Code 7101 N. Mesa  El Paso, TX 79912	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) City of El Paso
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Legarreta, Ismael <hr/> Contributor address; City; State; Zip Code 7609 Benson  El Paso, TX 79915	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Kasco Structures
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marcus, Hal <hr/> Contributor address; City; State; Zip Code 1319 N. Oregon  El Paso, TX 79902	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Artist		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: 5/8 Rpt: 8/26
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Angela <hr/> <b>6</b> Contributor address; City; State; Zip Code 230 Elvin Way  El Paso, TX 79907	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Claims Examiner		<b>9</b> Employer (See Instructions) Bay Bridge Adminsitrators
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mena, Salvador <hr/> Contributor address; City; State; Zip Code 8915 Gemotes Pl.  El Paso, TX 79907	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Bronco Swap Meet
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mimbela, John <hr/> Contributor address; City; State; Zip Code 3217 Zion Lane  El Paso, TX 79904	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Mimbela Contractors
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monsisvais, Victor <hr/> Contributor address; City; State; Zip Code 14181 Tierra Morena Dr.  El Paso, TX 79938	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sales Rep		Employer (See Instructions) La Tapatia
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Natividad, Maria <hr/> Contributor address; City; State; Zip Code 10724 Camaro Court  El Paso, TX 79935	Amount of Contribution (\$)  \$20.00
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: 6/8 Rpt: 9/26
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortega, Martha <hr/> <b>6</b> Contributor address; City; State; Zip Code 6713 Morningside  El Paso, TX 79904	<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 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pickett, Joe <hr/> Contributor address; City; State; Zip Code 3608 Wooster Lane  El Paso, TX 79936	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reyes, Silvestre <hr/> Contributor address; City; State; Zip Code 732 Azalea Pl.  El Paso, TX 79922	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Carlos <hr/> Contributor address; City; State; Zip Code 919 E. University Ave.  El Paso, TX 79902	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robles, Elizabeth <hr/> Contributor address; City; State; Zip Code 8937A Old County  El Paso, TX 79907	Amount of Contribution (\$)  \$15.00
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: 7/8 Rpt: 10/26
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Carmen <hr/> <b>6</b> Contributor address; City; State; Zip Code 1809 Georgia Place  El Paso, TX 79902	<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 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roe, Bradley <hr/> Contributor address; City; State; Zip Code 333 Barbaree Dr.  El Paso, TX 79912	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2024	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 (\$)  \$3,000.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Amazon
Date 10/21/2024	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 (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Amazon
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosales, Adrian <hr/> Contributor address; City; State; Zip Code 1621 Rock Love Ln.  El Paso, TX 79911	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Regional Director of Operations		Employer (See Instructions) RimTyme

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/8 Rpt: 11/26
<b>2</b> FILER NAME Limón, Lilia		<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sada, Beatrice <hr/> <b>6</b> Contributor address; City; State; Zip Code 7228 Barker Rd.  El Paso, TX 79915	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sada, Beatrice <hr/> Contributor address; City; State; Zip Code 7228 Barker Rd.  El Paso, TX 79915	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/14/2024	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 (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Richard <hr/> Contributor address; City; State; Zip Code 611 E. River Ave.  El Paso, TX 79902	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

# 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: 1/1 Rpt: 12/26	
2 FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/25/2024	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 Consultant Services
	7 Contributor address; City; State; Zip Code 241 Elvin Way  El Paso, TX 79907	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limón, José Limón	Amount of contribution (\$) \$1,700.00	In-kind contribution description Assorted expense payments related to block walkers and volunteers
	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) Retired		Employer (FOR NON-JUDICIAL) (See instructions) None	
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: 13/26
<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>
<b>5</b> Date of loan 10/15/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon, Lily	<b>9</b> Loan Amount (\$) \$2,000.00
<b>6</b> Is lender a financial institution?  No	<b>8</b> Lender address; City; State; Zip Code 1301 LONEWOOD DR  El Paso, TX 79925-7819	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Political Consultant		<b>13</b> Employer (See Instructions) Sun Circle Strategic Group
<b>14</b> Description of Collateral <input checked="" 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 checked="" 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: 1/13 Rpt: 14/26	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/25/2024	<b>5</b> Payee name Act BLUE	
<b>6</b> Amount (\$) \$72.55	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<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 Contribution Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/15/2024	Payee name Camino Real Media	
Amount (\$) \$2,229.00	Payee address; City; State; Zip Code 6112 N. Mesa St.  El Paso, TX 79912	
<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 Mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/01/2024	Payee name Canchola, Patricia	
Amount (\$) \$132.00	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

# 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: 2/13 Rpt: 15/26	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/22/2024	<b>5</b> Payee name Canchola, Patricia	
<b>6</b> Amount (\$) \$135.60	<b>7</b> Payee address; City; State; Zip Code 338 Hourglass  El Paso, TX 79915	
<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 09/30/2024	Payee name Constant Contact	
Amount (\$) \$170.56	Payee address; City; State; Zip Code 1601 Trapelo Rd.  Waltham, MA 02451	
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 10/07/2024	Payee name Dunkin Donuts	
Amount (\$) \$7.49	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 Snack for Block Walkers
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: 3/13 Rpt: 16/26	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 10/22/2024	<b>5</b> Payee name EPMP
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<b>6</b> Amount (\$) \$292.28	<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 Push Cards
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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 09/30/2024	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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<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 Bench 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 10/15/2024	Payee name El Super
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Amount (\$) \$76.89	Payee address; City; State; Zip Code 10501 Gateway Blvd W  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) 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 Cookies for Pavo Real Sr. Center
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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: 4/13 Rpt: 17/26	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/21/2024	<b>5</b> Payee name El Super	
<b>6</b> Amount (\$) \$11.88	<b>7</b> Payee address; City; State; Zip Code 10501 Gateway Blvd W  El Paso, TX 79925	
<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 Limón Push Material
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2024	Payee name El Super	
Amount (\$) \$25.08	Payee address; City; State; Zip Code 10501 Gateway Blvd W  El Paso, TX 79925	
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 Limón Push Material
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name Factor Prints	
Amount (\$) \$331.24	Payee address; City; State; Zip Code 4400 Chester Ave  El Paso, TX 79903	
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 Block Walker and Volunteer TShirts
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: 5/13 Rpt: 18/26	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 09/30/2024	<b>5</b> Payee name Go Direct	
<b>6</b> Amount (\$) \$459.53	<b>7</b> Payee address; City; State; Zip Code 8400 Boeing  El Paso, TX 79925	
<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 Mailer
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/17/2024	Payee name Go Direct	
Amount (\$) \$5,173.29	Payee address; City; State; Zip Code 8400 Boeing  El Paso, TX 79925	
<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 Mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/30/2024	Payee name Guerrero, Miguel	
Amount (\$) \$276.00	Payee address; City; State; Zip Code 11981 Brave Heart  El Paso, TX 79936	
<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: 6/13 Rpt: 19/26	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
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<b>4</b> Date 10/07/2024	<b>5</b> Payee name Guerrero, Miguel
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<b>6</b> Amount (\$) \$478.00	<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 10/15/2024	Payee name Guerrero, Miguel
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Amount (\$) \$440.00	Payee address; City; State; Zip Code 11981 Brave Heart  El Paso, TX 79936
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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 10/24/2024	Payee name Guerrero, Miguel
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Amount (\$) \$348.00	Payee address; City; State; Zip Code 11981 Brave Heart  El Paso, TX 79936
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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: 7/13 Rpt: 20/26	<b>2</b>	FILER NAME Limón, Lilia	<b>3</b>	Filer ID (Ethics Commission Filers) 00000037
<b>4</b>	Date 10/15/2024	<b>5</b>	Payee name La Pila		
<b>6</b>	Amount (\$) \$56.12	<b>7</b>	Payee address; City; State; Zip Code 8714 Alameda  El Paso, TX 79907		
<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			
	Date 10/24/2024		Candidate/Officeholder name Payee name La Tapatia, Inc.		
	Amount (\$) \$47.63		Office sought 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 for Volunteers		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 10/23/2024		Candidate/Officeholder name Payee name McDonald's		
	Amount (\$) \$13.39		Office sought Payee address; City; State; Zip Code 8675 Alameda  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 Block Walkers Snacks		
		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: 8/13 Rpt: 21/26	<b>2</b>	FILER NAME Limón, Lilia	<b>3</b>	Filer ID (Ethics Commission Filers) 00000037
<b>4</b>	Date 09/30/2024	<b>5</b>	Payee name Meta		
<b>6</b>	Amount (\$) \$13.00	<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 10/01/2024		Payee name Meta		
	Amount (\$) \$32.38		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 10/15/2024		Payee name Meta		
	Amount (\$) \$15.00		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: 9/13 Rpt: 22/26	<b>2</b>	FILER NAME Limón, Lilia	<b>3</b>	Filer ID (Ethics Commission Filers) 00000037
<b>4</b>	Date 10/15/2024	<b>5</b>	Payee name Meta		
<b>6</b>	Amount (\$) \$17.00	<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 10/16/2024		Payee name Meta		
	Amount (\$) \$19.00		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 10/17/2024		Payee name Meta		
	Amount (\$) \$21.00		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: 10/13 Rpt: 23/26	<b>2</b>	FILER NAME Limón, Lilia	<b>3</b>	Filer ID (Ethics Commission Filers) 00000037
<b>4</b>	Date 10/18/2024	<b>5</b>	Payee name Meta		
<b>6</b>	Amount (\$) \$24.00	<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 10/21/2024		Payee name Meta		
	Amount (\$) \$1.62		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 10/21/2024		Payee name Meta		
	Amount (\$) \$10.02		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: 11/13 Rpt: 24/26	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/23/2024	<b>5</b> Payee name Meta	
<b>6</b> Amount (\$) \$27.00	<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 10/21/2024	Payee name Proud Papa Photos	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 1701 Bassett Ave.  El Paso, TX 79901	
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 Production
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2024	Payee name Robles, Maria G.	
Amount (\$) \$36.00	Payee address; City; State; Zip Code 912 Versailles Dr.  El Paso, TX 79907	
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: 12/13 Rpt: 25/26	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/02/2024	<b>5</b> Payee name Scale To Win	
<b>6</b> Amount (\$) \$553.52	<b>7</b> Payee address; City; State; Zip Code 13742 Harper  Santa Anna, CA 92703	
<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 Text Messages
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Starbucks	
Amount (\$) \$24.89	Payee address; City; State; Zip Code 629 Zaragoza Rd.  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 Snack for Block Walkers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2024	Payee name The Lunch Box	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 667 N. Carolina Dr.  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 Deposit for Watch Party
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/13 Rpt: 26/26	<b>2</b> FILER NAME Limón, Lilia	<b>3</b> Filer ID (Ethics Commission Filers) 00000037
<b>4</b> Date 10/25/2024	<b>5</b> Payee name US Postal Services	
<b>6</b> Amount (\$) \$58.40	<b>7</b> Payee address; City; State; Zip Code 4116 Dyer  El Paso, TX 79930	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Stamps for thank you cards
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held