#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 53 00000037 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Lilia NAME Date Received **ELECTRONICALLY FILED** 12/07/2024 NICKNAME LAST **SUFFIX** Lily Limón CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked CITY; ZIP CODE **OFFICEHOLDER** 1301 Lonewood Dr MAILING Amount Receipt # **ADDRESS** Change of Address El Paso, TX 79925 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Alicia NAME NICKNAME LAST **SUFFIX** Chacon STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 8937A Old County Dr. **ADDRESS** (Residence or Business) El Paso, TX 79907

**EXTENSION** 

**THROUGH** 

Primary

General

Runoff

Exceeded modified reporting limit

Month

**ELECTION TYPE** 

χRunoff

Special

Day

12/04/2024

12 OFFICE SOUGHT (if known)

Year

Other

City Representative Place El Paso District District 7

30th day before election

8th day before election

**CAMPAIGN** 

**PHONE** 

REPORT TYPE

**PERIOD** 

10 ELECTION

11 OFFICE

**COVERED** 

**TREASURER** 

AREA CODE

(915) 534-7438

January 15

Day

Day

12/14/2024

OFFICE HELD (if any)

**ELECTION DATE** 

10/27/2024

Year

Year

July 15

Month

Month

PHONE NUMBER

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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 53

13 C / OH NAME	Limón, Lilia		<b>14</b> Filer ID (00000037	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without to difficeholders are required to report this information	he candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
	)	\$ 27,280.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITION	CAL EXPENDITURES		<b>\$</b> 25,461.23
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	<b>\$</b> 2,314.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ETING PERIOD	OF THE LAST DAY	<b>\$</b> 7,000.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
			Lilia Limón Candidate or Officeholo	dor
		Signature of	Candidate of Officerion	uei
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me. by the s	aid	. this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

				3 of 53			
18 FILER NA		19 Filer ID	(Ethics	s Commission Filers)			
Limón, Li		00000037					
	E SUBTOTALS SCHEDULE		s	SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	23,580.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,700.00			
3.	\$						
4.	4. SCHEDULE E: LOANS						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	25,461.23				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$				

	MONEI	ARY POLITICAL CONTRIBU	JIION	15		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/24 Rpt: 4/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 11/01/2024	<ul> <li>Full name of contributor  out-of-state PAC Acosta, Emma</li> <li>Contributor address; City; State; Zip Code 8904 WH Burges</li> </ul>	C (ID#:	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Consultant	El Paso, TX 79925 pation / Job title (See Instructions)	9	Employer (See Instructions EmmaCosta Consulting	)		
	Date 11/15/2024	Full name of contributor out-of-state PAG Acosta, Fermin Contributor address; City; State; Zip Code 1436 Cedar Oaks El Paso, TX 79936	C (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 11/19/2024	Full name of contributor out-of-state PAG Aguilar, Elisa (Mrs.)  Contributor address; City; State; Zip Code 3472 Proud Eagle Dr.  El Paso, TX 79936	C (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/15/2024	Full name of contributor out-of-state PAG Aguilar, Luis Contributor address; City; State; Zip Code 1544 Sierra de Oro El Paso, TX 79936	C (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Constable	pation / Job title (See Instructions)		Employer (See Instructions County of El Paso	)		
	Date 11/15/2024	Full name of contributor out-of-state PAG Armendariz, Albert  Contributor address; City; State; Zip Code 1701 Bassett Ave. Ste.156  El Paso, TX 79902	C (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	)		

	MONEI	ARY POLITICAL COI	NIRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/24 Rpt: 5/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 10/31/2024	<ul> <li>Full name of contributor</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occur Attorney	El Paso, TX 79902 pation / Job title (See Instructions)	9	Employer (See Instructions Self	)		
	Date 10/31/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	)		
	Date 11/11/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Civil Enginee	pation / Job title (See Instructions)		Employer (See Instructions Avila and Associates	)		
	Date 11/14/2024	Full name of contributor Grand Balderrama, Evangelina  Contributor address; City; State; 2 725 Hempstead Dr.  El Paso, TX 79912	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Gallagher Bassett	)		
	Date 12/02/2024	Full name of contributor  Balderrama, Evangelina  Contributor address; City; State; 2 725 Hempstead Dr.  El Paso, TX 79912	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Gallagher Bassett	)		
			,				

	MONEI	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this for	n.	1	Total pages Schedule A1: Sch: 3/24 Rpt: 6/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 12/02/2024	Banales, Xavier  6 Contributor address; City; State; Zip Code 4520 Shady Willow	e PAC (ID#:	)	7	Amount of Contribution (\$)	\$150.00
8	Principal occu Not Employe	El Paso, TX 79922 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	 ;)		
	Date 11/04/2024	Full name of contributor	e PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 11/14/2024	Full name of contributor out-of-state Barron, Elizabeth Contributor address; City; State; Zip Code 8821 Clavel Dr.	e PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occur	El Paso, TX 79907 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Not Employe	,		Not Employed	,		
	Date 12/03/2024	Full name of contributor out-of-state Barron, Elizabeth Urbina (Ms.)  Contributor address; City; State; Zip Code 8821 Clavel Dr.  El Paso, TX 79907	te PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>l</u> 5)		
	Date 11/01/2024	Full name of contributor out-of-state Beard, Rose  Contributor address; City; State; Zip Code 1200 Likins Dr.  El Paso, TX 79925	te PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Self Employe	pation / Job title (See Instructions)		Employer (See Instructions Hirby Pest Control	s)		
			•				

	MONEI	ARY POLITICAL CONT	RIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to con	nplete this for	m.	1	Total pages Schedule A1: Sch: 4/24 Rpt: 7/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 12/02/2024	Bonart, Richard  6 Contributor address; City; State; Zip C 6524 Loma de Cristo	f-state PAC (ID#: Code	)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu Not Employe	El Paso, TX 79912 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	)		
	Date 11/15/2024	Full name of contributor out-of Bonilla, Jesus Contributor address; City; State; Zip C 1233 Lonewood Dr. El Paso, TX 79925	f-state PAC (ID#: Code			Amount of Contribution (\$)	\$150.00
	Principal occup Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	)		
	Date 10/31/2024	Full name of contributor out-of Bonilla, Patricia  Contributor address; City; State; Zip C 1233 Lonewood Dr.  El Paso, TX 79925	f-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 11/12/2024	Full name of contributor out-of Bonilla, Patricia  Contributor address; City; State; Zip C 1233 Lonewood Dr.  El Paso, TX 79925	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 12/04/2024	Full name of contributor out-of Bonilla, Patricia  Contributor address; City; State; Zip C 1233 Lonewood Dr.  El Paso, TX 79925	f-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/24 Rpt: 8/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	on Filers)
4	Date 10/31/2024	<ul><li>5 Full name of contributor Bustamante, Roberto</li><li>6 Contributor address; City; Sta 278 Romeria Dr.</li></ul>	out-of-state PAC (ID#: tte; Zip Code	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Not Employe	El Paso, TX 79907 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 12/02/2024	Full name of contributor Bustamante, Roberto  Contributor address; City; Sta 278 Romeria Dr.  El Paso, TX 79907	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 11/19/2024	Full name of contributor Calcaterra, Paul, Jr. Contributor address; City; Sta PO Box 26428	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu Business Ow	El Paso, TX 79928 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 12/02/2024	Full name of contributor Canchola, Patricia Contributor address; City; Sta 338 Hourglass Dr. El Paso, TX 79915	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 11/15/2024	Full name of contributor Chacon, Alicia R.  Contributor address; City; Sta 8937A Old County Dr.  El Paso, TX 79927	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete thi	s for	rm.	1	Total pages Schedule A1: Sch: 6/24 Rpt: 9/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	ı Filers)
4	Date 10/31/2024	<ul> <li>Full name of contributor</li></ul>	D#:	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Consultant	El Paso, TX 79927 pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (IDDel Hierro, Bernie  Contributor address; City; State; Zip Code 10616 Candlewood Ave.  El Paso, TX 79935	D#:		•	Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (III Donohoe, Raul Contributor address; City; State; Zip Code 14800 Marina Ave.	D#:	)		Amount of Contribution (\$)	\$25.00
	Principal occur	El Paso, TX 79938 pation / Job title (See Instructions)		Employer (See Instructions	3)		
	Not Employe			Not Employed	,		
	Date 11/13/2024	Full name of contributor out-of-state PAC (IEDuron, Diana  Contributor address; City; State; Zip Code 2304 Cumbre Negra St.  El Paso, TX 79935	D#:			Amount of Contribution (\$)	\$20.00
	Principal occu Clinical Socia	pation / Job title (See Instructions)		Employer (See Instructions Private Practice	<u>I</u> S)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (IE Engels, Jan (Mrs.)  Contributor address; City; State; Zip Code 2219 King James Pl. false El Paso, TX 79903	<b>)</b> D#:			Amount of Contribution (\$)	\$25.00
	Principal occu Self Employe	pation / Job title (See Instructions)		Employer (See Instructions BBMSS	s)		

	MONEI	ARY POLITICAL CONTRIBUTION	)NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/24 Rpt: 10/53	
2	FILER NAME Limón, Lilia			3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 11/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Faraone, Peter</li> <li>Contributor address; City; State; Zip Code PO Box 9623996</li> </ul>	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Retired	El Paso, TX 79996 pation / Job title (See Instructions)	Employer (See Instructions     Retired	5)		
	Date 11/02/2024	Full name of contributor out-of-state PAC (ID#:_Faraone, Sam (Mr.)  Contributor address; City; State; Zip Code 1370 Vista Granada  El Paso, TX 79925			Amount of Contribution (\$)	\$50.00
	Principal occu Jail Ministry	pation / Job title (See Instructions) Coordinator	Employer (See Instructions El Paso County	5)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_Fierro, Enriqueta (The Honorable)  Contributor address; City; State; Zip Code 8612 Whitus			Amount of Contribution (\$)	\$100.00
	Principal occur	El Paso, TX 79925 pation / Job title (See Instructions)	Employer (See Instructions	5) 		
	Retired	panon / oob une (oob monasho)	Retired	<i>-</i>		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_ Fierro, Enriqueta (The Honorable) Contributor address; City; State; Zip Code 8612 Whitus El Paso, TX 79925			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	<u>l</u> s)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_Fierro, Robert  Contributor address; City; State; Zip Code 1804 Julia May Place  El Paso, TX 79935			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/24 Rpt: 11/53	
2	FILER NAME Limón, Lilia			3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 10/31/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Fierro, Robert</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
		1804 Julia May Place El Paso, TX 79935				
8	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions     Retired	5)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_Fierro, Robert  Contributor address; City; State; Zip Code 1804 Julia May Place  El Paso, TX 79935	)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u> 5)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_Fierro, Robert  Contributor address; City; State; Zip Code  1804 Julia May Place			Amount of Contribution (\$)	\$100.00
		El Paso, TX 79935 pation / Job title (See Instructions)	Employer (See Instructions	j 5)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_Firth, Sylvia  Contributor address; City; State; Zip Code 6460 Calle Del Sol  El Paso, TX 79912	Retired		Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_Flores, David  Contributor address; City; State; Zip Code 6819 Amposta  El Paso, TX 79912			Amount of Contribution (\$)	\$100.00
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions Linebarger	5)		

	MONEI	ARY POLITICAL CONTRIL	BUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 9/24 Rpt: 12/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 11/13/2024	<ul> <li>Full name of contributor  out-of-state Flores, David</li> <li>Contributor address; City; State; Zip Code 6819 Amposta</li> </ul>	PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Manager	El Paso, TX 79912 pation / Job title (See Instructions)	9	Employer (See Instructions Linebarger	5)		
	Date 10/30/2024	Full name of contributor	PAC (ID#:			Amount of Contribution (\$)	\$350.00
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Self Employed	s)		
	Date 10/29/2024	Full name of contributor out-of-state Galicia, Hector  Contributor address; City; State; Zip Code 716 Mesita Dr.	PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu Business Co	El Paso, TX 79902 pation / Job title (See Instructions) ach		Employer (See Instructions ASCEND: Entrepreneur		Growth	
	Date 11/12/2024	Full name of contributor out-of-state Garcia, Angie  Contributor address; City; State; Zip Code 14512 Thayer Pease Ave.  Horizon City, TX 79928	PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 11/15/2024	Full name of contributor out-of-state Gonzalez Hensgen, Linda (Mrs.)  Contributor address; City; State; Zip Code 2109 Windrock St. false El Paso, TX 79925	PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			·				

	MONEI	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 10/24 Rpt: 13/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	on Filers)
4	Date 11/15/2024	<ul> <li>Full name of contributor  out-of-state  Guzman, Ramiro</li> <li>Contributor address; City; State; Zip Code  10216 Buckwood</li> </ul>	e PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Retired	El Paso, TX 79925 Dation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 11/25/2024	Full name of contributor out-of-stat  Harracksingh, Rachel  Contributor address; City; State; Zip Code  10633 Vista Alegre  El Paso, TX 79935	e PAC (ID#:			Amount of Contribution (\$)	\$400.00
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Self	i)		
	Date 10/31/2024	Hernandez, Arnulfo (Mr.)  Contributor address; City; State; Zip Code 1490 George Dieter Dr. A-194	e PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		El Paso, TX 79936 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe  Date  11/13/2024		e PAC (ID#:	Not Employed		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	i)		
	Date 11/15/2024	Full name of contributor out-of-stat Jobe, Stanley  Contributor address; City; State; Zip Code 1150 Southview Dr.  El Paso, TX 79928	e PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Business Ow	oation / Job title (See Instructions) vner		Employer (See Instructions Self	· )		

	MONET	ARY POLITICAL C	ONTRIBUTIO	Ν	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 11/24 Rpt: 14/53	
2	FILER NAME Limón, Lilia					3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 12/02/2024	<ul><li>5 Full name of contributor Knight, Dennece</li><li>6 Contributor address; City; St 5015 Montoya</li></ul>	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$200.00
8	Principal occu Not Employe	El Paso, TX 79922 pation / Job title (See Instructions		9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 11/15/2024	Full name of contributor Larriva, Jesus E.  Contributor address; City; St 2914 Sea Breeze  El Paso, TX 79936			)		Amount of Contribution (\$)	\$500.00
	Principal occup	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		
	Date 10/31/2024	Full name of contributor Legarreta, Ismael Contributor address; City; St 7609 Benson El Paso, TX 79915	out-of-state PAC (ID#:_ ate; Zip Code		)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Engineer	pation / Job title (See Instructions	)		Employer (See Instructions Kasco Structures	<u>                                      </u>		
	Date 11/21/2024	Full name of contributor Legarreta, Ismael Contributor address; City; St 7609 Benson El Paso, TX 79915			)		Amount of Contribution (\$)	\$250.00
	Principal occu Engineer	pation / Job title (See Instructions	)		Employer (See Instructions Kasco Structures	<u>l</u> s)		
	Date 12/02/2024	Full name of contributor Legarreta, Ismael Contributor address; City; St 7609 Benson El Paso, TX 79915	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$100.00
	Principal occu Engineer	pation / Job title (See Instructions			Employer (See Instructions Kasco Structures	s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 12/24 Rpt: 15/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	on Filers)
4	Date 10/31/2024	<ul> <li>5 Full name of contributor Limon, Jose</li> <li>6 Contributor address; City; Sta 1301 Lonewood Dr</li> </ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
8		El Paso, TX 79925 pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/31/2024	Full name of contributor Limon, Jose  Contributor address; City; Sta 1301 Lonewood Dr  El Paso, TX 79925	out-of-state PAC (ID#:te; Zip Code	Not Employed		Amount of Contribution (\$)	\$2,000.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()		
	Date 11/05/2024	Full name of contributor Limon, Jose  Contributor address; City; Sta 1301 Lonewood Dr	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$2,000.00
	Principal occup	El Paso, TX 79925 pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 10/31/2024	Full name of contributor Limon, Santiago  Contributor address; City; Sta 5730 Middlesboro Ave  El Paso, TX 79924	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
	Date 11/15/2024	Full name of contributor Limón, José  Contributor address; City; Sta 1301 Lonewood Dr.  El Paso, TX 79925	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instructions None	()		

	MONEI	ARY POLITICAL CONTR	IBUTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 13/24 Rpt: 16/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 11/05/2024	Lira, John	ate PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
Ļ		San Antonio, TX 78222	- la		<u></u>		
8	Principal occu Program Ana	pation / Job title (See Instructions) alyst	9	1 7 (		ational Public & Military Se	rvice
	Date 10/31/2024	Full name of contributor out-of-state Lugo, Judy  Contributor address; City; State; Zip Cod 3225 Monroe Ave.  El Paso, TX 79930	ate PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Not Employe	d		Not Employed			
	Date 11/29/2024	Martinez, Francisco  Contributor address; City; State; Zip Cod 11940 Don Haskins	ate PAC (ID#: e	)		Amount of Contribution (\$)	\$500.00
_	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	CEO	(		AGO 3 Services	,		
	Date 11/15/2024	Full name of contributor out-of-sta Martinez, Richard  Contributor address; City; State; Zip Cod 11917 Paseo Real  El Paso, TX 79936	ate PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/12/2024	Full name of contributor out-of-state  McAlmon, Annie  Contributor address; City; State; Zip Cod  408 Blacker Ave.  El Paso, TX 79902	ate PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu Case Worke	pation / Job title (See Instructions)		Employer (See Instructions El Paso Coalition for the		omeless	
			•				

	MONEI	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to co	omplete this form	m.	1	Total pages Schedule A1: Sch: 14/24 Rpt: 17/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 10/31/2024	<ul> <li>5 Full name of contributor out Medicia, Patricia (Mrs.)</li> <li>6 Contributor address; City; State; Zip 1319 N. Oregon</li> </ul>	-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Director	El Paso, TX 79902 pation / Job title (See Instructions)	9	Employer (See Instructions Hal Marcus Gallery	)		
	Date 12/02/2024	Full name of contributor out Medicia, Patricia (Mrs.)  Contributor address; City; State; Zip 1319 N. Oregon  El Paso, TX 79902	-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions Hal Marcus Gallery	)		
	Date 10/30/2024	Full name of contributor out Medina, Othon (Mr.)  Contributor address; City; State; Zip 2705 Doug Ford Dr.  El Paso, TX 79935	-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 11/15/2024	Full name of contributor out Mielke-Limon, Stephanie  Contributor address; City; State; Zip 9116 Mt. San Berdu Dr.  El Paso, TX 79924	-of-state PAC (ID#:)  Code			Amount of Contribution (\$)	\$100.00
	Principal occu Case Manag	pation / Job title (See Instructions) er		Employer (See Instructions Center for Children & Fa		lies	
	Date 11/11/2024	Full name of contributor out Mills, David Contributor address; City; State; Zip 2500 Scenic Crest Circle Unit 6 El Paso, TX 79930	-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) arts Producer		Employer (See Instructions Self	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how t	to complete this form	m.	1	Total pages Schedule A1: Sch: 15/24 Rpt: 18/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 11/11/2024	<ul><li>5 Full name of contributor Mimbela, John</li><li>6 Contributor address; City; Stat 3217 Zion Lane</li></ul>	out-of-state PAC (ID#:te; Zip Code	)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	El Paso, TX 79904 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Contractor	,		Mimbela Contractors	,		
	Date 11/12/2024	Full name of contributor Miyagishima, Kenneth Contributor address; City; Stat 1510 S. Solano Dr.  Las Cruces, NM 88001	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Insurance			Ken Miyagishima Ins.	_		
	Date 10/31/2024	Full name of contributor [ Momsen, Richarda  Contributor address; City; Stat 744 Villa Flores Dr.  El Paso, TX 79912	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Not Employe	·d		Not Employed			
	Date 11/09/2024	Full name of contributor  Monsisvais, Victor  Contributor address; City; Stat  14181 Tierra Morena Dr.  El Paso, TX 79938	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occup Sales Rep	pation / Job title (See Instructions)		Employer (See Instructions La Tapatia	5)		
	Date 11/15/2024	Full name of contributor  Moreno, Arturo (Mr.)  Contributor address; City; Stat 510 E. University  El Paso, TX 79902	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occup Banker	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			1				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 16/24 Rpt: 19/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	Filers)
4	11/14/2024	Murphy, Lila  6 Contributor address; City; State; 5313 Hanawalt Dr.	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occup	El Paso, TX 79903 pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Not Employe	d		Not Employed			
	Date 11/15/2024	Full name of contributor Musel, Lynn M. (Mrs.)  Contributor address; City; State; 11372 Bob Mitchell Dr.  El Paso, TX 79936		)		Amount of Contribution (\$)	\$50.00
_	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Educator			Retired			
	Date 11/15/2024	Full name of contributor  Natividad, Maria  Contributor address; City; State;  10724 Camaro Court	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		El Paso, TX 79935					
	Principal occup Artist	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 11/05/2024	Full name of contributor  Natividad, Maria  Contributor address; City; State; 10724 Camaro Court  El Paso, TX 79935	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occup Artist	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/15/2024	Full name of contributor Olivas, Triana (Mrs.)  Contributor address; City; State; 18220 Andalucia Dr.  El Paso, TX 79925	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occup Educator	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
			l				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 17/24 Rpt: 20/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 11/25/2024	<ul> <li>Full name of contributor  out-of-state PA Orozco, Alejandro</li> <li>Contributor address; City; State; Zip Code 5924 Ojo de Agua</li> </ul>	AC (ID#:		7	Amount of Contribution (\$)	\$500.00
8	Principal occu Business Ow	El Paso, TX 79912 pation / Job title (See Instructions) vner	9	Employer (See Instructions Self	<u> </u> s)		
	Date 11/12/2024	Full name of contributor out-of-state PAP Padilla, Orlando Contributor address; City; State; Zip Code 2068 Estancia PI.  Las Cruces, NM 88005		)		Amount of Contribution (\$)	\$100.00
	Principal occu President & 0	pation / Job title (See Instructions) CEO		Employer (See Instructions Padilla NetWorks	s)		
	Date 10/31/2024	Full name of contributor out-of-state PAPAZ, Javier  Contributor address; City; State; Zip Code 5905 Westside	AC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	El Paso, TX 79932 pation / Job title (See Instructions)		Employer (See Instructions El Paso County	<u> </u> S)		
	Date 11/11/2024	Full name of contributor out-of-state PA  Peregrino, Sylvia  Contributor address; City; State; Zip Code  12452 Robert Dahl  El Paso, TX 79938		)		Amount of Contribution (\$)	\$25.00
	Principal occu Instructor	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/25/2024	Full name of contributor out-of-state PAPerez, Anna L. (Dr.)  Contributor address; City; State; Zip Code 673 Santaigo Bustamante Ave.  Ysleta Del Sur, TX 79927	AC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Educator	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/24 Rpt: 21/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 11/19/2024	<ul><li>5 Full name of contributor Pickett, Joe</li><li>6 Contributor address; City; Sta 3606 Wooster Lane</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu Retired	El Paso, TX 79936 pation / Job title (See Instructions)		Employer (See Instructions     Retired	<u> </u> s)		
	Date 11/15/2024	Full name of contributor Pina, Tony  Contributor address; City; Sta  El Paso, TX 79912	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> S)		
	Date 11/25/2024	Full name of contributor Ramos, MariCarmen Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$500.00
	Principal occu	TX pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/31/2024	Full name of contributor Resendez, Robert  Contributor address; City; Sta 3150 N. Yarbrough Dr. Uni  El Paso, TX 79925				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Empoyed	5)		
	Date 11/15/2024	Full name of contributor Reyes, Silvestre  Contributor address; City; Sta 732 Azalea Pl.  El Paso, TX 79922	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		

	MONEI	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 19/24 Rpt: 22/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 11/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Rivas, Jorge</li> <li>Contributor address; City; State; Zip Code 200 Northwind Dr.</li> </ul>		)	7	Amount of Contribution (\$)	\$300.00
8	Principal occup	El Paso, TX 79912 pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_Rivera, Carlos  Contributor address; City; State; Zip Code 919 E. University Ave.  El Paso, TX 79902		)		Amount of Contribution (\$)	\$100.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_Robles, Belen  Contributor address; City; State; Zip Code  3336 Fillmore Ave.		)		Amount of Contribution (\$)	\$25.00
	Principal occu	El Paso, TX 79930 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Retired			Retired			
	Date 11/06/2024	Full name of contributor		)		Amount of Contribution (\$)	\$15.00
	Principal occu LPC	El Paso, TX 79907 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> 5)		
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_ Rocha Vanderpool, Siria  Contributor address; City; State; Zip Code 425 Majestic Mountain Dr.  El Paso, TX 79912				Amount of Contribution (\$)	\$500.00
	Principal occup	pation / Job title (See Instructions) artner		Employer (See Instructions Atlantis Behavioral Hea		Services	

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 20/24 Rpt: 23/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	on Filers)
4	Date 10/31/2024	Rocha Vanderpool, Siria  6 Contributor address; City; State; 425 Majestic Mountain Dr.	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Managing Pa	artner		Atlantis Behavioral Heal	th :	Services	
	Date 11/25/2024	Full name of contributor Rodriguez, Carmen  Contributor address; City; State; 1809 Georgia Place  El Paso, TX 79902	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$200.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 10/31/2024	Full name of contributor Rodriguez, Carmen  Contributor address; City; State; 1809 Georgia Place  El Paso, TX 79902	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 11/11/2024	Full name of contributor Roe, Bradley  Contributor address; City; State; 333 Barbaree Dr.  El Paso, TX 79912	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 11/07/2024	Full name of contributor Romero, Lawrence A.  Contributor address; City; State; 11622 Aviation Blvd. Apt. 135  Inglewood, CA 90304		)		Amount of Contribution (\$)	\$3,000.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Amazon	)		
	Soluvare Elif	gcc1		,			

	MONEI	ARY POLITICAL CON	RIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to co	mplete this fo	rm.	1	Total pages Schedule A1: Sch: 21/24 Rpt: 24/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 12/04/2024	<ul> <li>Full name of contributor  out-out-out-out-out-out-out-out-out-out-</li></ul>	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$50.00
8	Principal occu Not Employe	El Paso, TX 79912 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	5)		
	Date 11/14/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Self	()		
	Date 11/15/2024	Saenz, Loretta  Contributor address; City; State; Zip 11824 Prado del Sol	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
	Principal occu	El Paso, TX 79938 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	)		
	Date 11/11/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to cor	mplete this forr	m.	1	Total pages Schedule A1: Sch: 22/24 Rpt: 25/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 11/15/2024	Sandoval, Cruz  6 Contributor address; City; State; Zip 0 8100 Cooley Ave	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occup	El Paso, TX 79907 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 11/15/2024		of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occup Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 11/14/2024	Schwartz, Stuart  Contributor address; City; State; Zip ( 1025 Singing Hills	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occup	El Paso, TX 79912 pation / Job title (See Instructions)		Employer (See Instructions Scott Hulse	<u> </u> 5)		
	Date 11/27/2024	Spalding, Emma	of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 11/15/2024	Full name of contributor out-o Spector, Carlos  Contributor address; City; State; Zip 0 1430 Yandell Dr.  El Paso, TX 79902	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			•				

	MONET	ARY POLITICAL CONTR	SCHEDULE A1				
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 23/24 Rpt: 26/53	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 11/11/2024			7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Austin, TX 78744 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Government			El Paso County			
	Date Full name of contributor out-of-state PAC (ID#:)  10/31/2024 Thompson, Paul (Mr.)  Contributor address; City; State; Zip Code PO Box 12307  El Paso, TX 79913		)		Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Fire Fighter			El Paso Fire Departmen	ıt		
	Date 12/02/2024	Full name of contributor out-of-s Uribe, Juan  Contributor address; City; State; Zip Co 1333 Belvedere  El Paso, TX 79913	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)				<u>                                      </u>		
	Real Estate			Team Juan Uribe			
	Date 10/30/2024	Velarde, Ray	state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occupation / Job title (See Instructions)  Attorney  Employer (See Instructions)  Self Employed			Employer (See Instructions Self Employed	5)		
	Date 11/21/2024	Full name of contributor out-of-s Wall, Jamie Contributor address; City; State; Zip Co 625 Willow Brook Way El Paso, TX 79922	state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occupation / Job title (See Instructions)  Employer (See Instruction						
	Attorney			James and Haugland Po	C 		

МО	NETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E <b>A1</b>
The	nstruction Guide explains how to complete this form.	- 1	Total pages Schedule A1: Sch: 24/24 Rpt: 27/53	
2 FILER Limór	NAME n, Lilia	- 1	Filer ID (Ethics Commission 00000037	n Filers)
4 Date 11/15			Amount of Contribution (\$)	\$200.00
	pal occupation / Job title (See Instructions)  ess Owner  9 Employer (See Instruction Self	ns)		
Date 11/14	Full name of contributor out-of-state PAC (ID#:)  Ybarra, George  Contributor address; City; State; Zip Code  4020 Oxford Ave.  El Paso, TX 79903		Amount of Contribution (\$)	\$50.00
	pal occupation / Job title (See Instructions)  Employer (See Instruction  mployed  Not Employed	ns)		

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 28/53 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Limón, Lilia 00000037 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/02/2024 Holquin, Eddie (Mr.) \$2,500.00 Consulting Services Contributor address; City; State; Zip Code 241 Elvin Way El Paso, TX 79907 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) Consultant 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 Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 12/02/2024 Limon, Jose \$1,200.00 | Meals, consulting, Contributor address; City; State; Zip Code organizing and 1301 Lonewood Dr coordination of election workers El Paso, TX 79925 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Not Employed Not Employed Contributor's job title (FOR JUDICIAL) Contributor's principal occupation (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)

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/25 Rpt: 29/53	Limón, Lilia 00000037
4	Date	5 Payee name
	12/02/2024	Act BLUE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.84	PO Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fees
		1 663
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	10/29/2024	Airport Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$540.17	7 Leigh Fisher Blvd. Ste E
		El Paso, TX 79906
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Mailer
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Device same
	Date 11/04/2024	Payee name Airport Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,692.31	7 Leigh Fisher Blvd. Ste E
L		El Paso, TX 79906
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Maileer
		ivialiee1
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	•	

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_			
1	Total pages Schedule F1: Sch: 2/25 Rpt: 30/53	2 FILER NAME Limón, Lilia  3 Filer ID (Ethics Commission File 00000037	ers)
4	Date	5 Payee name	
	11/25/2024	Airport Printing	
6	Amount (\$) \$3,849.00	7 Payee address; City; State; Zip Code 7 Leigh Fisher Blvd. Ste E	
	<b>70,0</b> .0.00		
_	DUDDOGE	El Paso, TX 79906	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Mailer	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	<u>'</u>		
	Date	Payee name	
	11/18/2024	Barnes and Noble	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$77.94	8889 Gateway Blvd. W #120	
	*****		
		El Paso, TX 79925	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Thank you cards for donors	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	11/13/2024	Beall, Luis (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$122.40	9365 Scooter	
		El Paso, TX 79907	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense	
		Election Worker	
_			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/25 Rpt: 31/53		Limón, Lilia		00000037
4	Date	5	Payee name		•
	10/29/2024		Biggs, Alex (Mrs.)		
6	Amount (\$)	7	Payee address; City; State; Zip Coo	de	
	\$324.00		10081 Imperial		
			El Paso, TX 79924		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense  Election Worker
					Election worker
9	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office soug	tht	Office held
ľ	expenditure to benefit C/OI		Sandidate/Officeriolaer name Office 30ag	jiic	Office field
┢	Date	Г	Payee name		
	11/04/2024		Biggs, Alex (Mrs.)		
	Amount (\$)	┝	Payee address; City; State; Zip Coc	10	
	\$564.00		10081 Imperial	iC .	
	Ψ504.00		10001 Imperial		
			El Paso, TX 79924		
	DUDDOCE	(-)		/b\	
	PURPOSE OF	(a)	,	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
					Election Worker
	Complete ONLY if direct		Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/OI	П			
	Date		Payee name		
	11/12/2024		Biggs, Alex (Mrs.)		
	Amount (\$)		Payee address; City; State; Zip Coo	de	
	\$164.00		10081 Imperial		
			El Paso, TX 79924		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Election Worker
					LICCHOIT WORKET
_	Complete ONLY if direct	Ц,		ıht	Office held
	expenditure to benefit C/OI			,	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/25 Rpt: 32/53	Limón, Lilia 00000037
4	Date	5 Payee name
	11/05/2024	Biggs, Laura (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.06	5568 Salem
		El Paso, TX 79924
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Reimbursement for food delivered to poll workers
		Reinibursement for food delivered to politiworkers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<del>1</del>
	Date	Payee name
	11/05/2024	Biggs, Laura (Mrs.)
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$188.91	5568 Salem
		El Paso, TX 79924
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Reimbursement for food delivered to poll workers
		Reimbarsement for food delivered to politivorkers
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/30/2024	Campaign Verify
H	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	121531st St. NW
	Ψ33.00	1213313t 3t. 1999
		Washington, DC 20007-9998
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Software Compliance
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	S. portana to borion 0/01	•
L		

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/25 Rpt: 33/53	Limón, Lilia	00000037
4	Date	5 Payee name	•
	11/05/2024	Canchola, Patricia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$84.00	338 Hourglass	
		El Paso, TX 79915	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	el outside of Texas. Complete Schedule T.
l	LAFLINDITORL		tin, TX, officeholder living expense
		Election Wo	orker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
H	D-1-		
	Date 11/26/2024	Payee name	
		Canchola, Patricia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$126.00	338 Hourglass	
L		El Paso, TX 79915	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Election Wo	
l			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/26/2024	Canchola, Patricia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$216.00	338 Hourglass	
		El Paso, TX 79915	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	tin, TX, officeholder living expense
		Election Wo	orkers
L	0 1: 0:::::::::::::::::::::::::::::::::		05.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/25 Rpt: 34/53	Limón, Lilia 00000037
4	Date	5 Payee name
	10/29/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$170.56	1601 Trapelo Rd.
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Messaging
		incoodging
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/29/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$170.56	1601 Trapelo Rd.
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Messages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/07/2024	Corner Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$297.45	1144 N. Yarbrough
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Election Day Worker Lunch
		Licetion Day Worker Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/25 Rpt: 35/53	Limón, Lilia 00000037
4	Date	5 Payee name
	12/03/2024	Courtesy Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$945.00	11860 Vista del Sol #102
		El Paso, TX 79936
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Phone Banking Services
		Flione Danking Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	10/30/2024	Courtesy Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,701.00	11860 Vista del Sol #102
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Phone Banking
		Thomas Banking
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/02/2024	Donuts Hot and Fresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.49	12708 Montana Ave. Unit A-20
		El IPaso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Donuts for block walkers
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/25 Rpt: 36/53	Limón, Lilia 00000037
4	Date	5 Payee name
	11/18/2024	Donuts Hot and Fresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.00	12708 Montana Ave. Unit A-20
		El IPaso, TX 79938
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donuts for block walkers
		Donats for block walkers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	11/25/2024	Donuts Hot and Fresh
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.62	12708 Montana Ave. Unit A-20
		El IPaso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donuts for walkers
		Donato for Walkers
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
F	Date	Payee name
	11/12/2024	Dunkin Donuts
L		
	Amount (\$) \$12.69	Payee address; City; State; Zip Code 1105 N. Yarbrough Dr.
	\$12.09	1105 N. Taiblough Dr.
		51 D TV 70005
		El Paso, TX 79925
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donuts for block walkers
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/25 Rpt: 37/53	Limón, Lilia 00000037
4	Date	5 Payee name
	11/12/2024	EPMP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$799.37	1144 Vista De Oro Ste. A
		El Paso, TX 79935
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Door Hangers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/18/2024	EPMP
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1,080.06	1144 Vista De Oro Ste. A
	Ψ1,000.00	1144 VISIU DE GIO GIO. N
		El Paso, TX 79935
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Mailer
L	2	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	10/30/2024	El Paso Bench Ads
	Amount (\$)	Payee address; City; State; Zip Code
	\$440.00	1025 Texas Ave, Ste. 101
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Bench Ads
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
$\vdash$		
L		

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 File	r ID (Ethics Commission Filers)
	Sch: 10/25 Rpt: 38/53	Limón, Lilia 000	000037
4	Date	5 Payee name	
	10/28/2024	El Super	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11.51	10501 Gateway Blvd W	
		El Paso, TX 79925	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, office	
		Limones as pushca	rds
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	·		
	Date	Payee name	
	10/28/2024	El Super	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.04	10501 Gateway Blvd W	
		El Paso, TX 79925	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Check if Austin, TX, office	Texas. Complete Schedule T.
		Limones for pushca	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	10/29/2024	El Super	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.31	10501 Gateway Blvd W	
		El Paso, TX 79925	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	,	Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, office	
		Limones for pushca	rds
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Office held
			Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/25 Rpt: 39/53	Limón, Lilia 00000037
4	Date	5 Payee name
	10/30/2024	El Super
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.44	10501 Gateway Blvd W
		El Paso, TX 79925
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Limones for pushcards
		Limones for pushcards
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Dete	
	Date	Payee name
	10/31/2024	El Super
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.93	10501 Gateway Blvd W
		El Paso, TX 79925
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Limones for pushcards
		Elimones for pushedius
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	11/05/2024	El Super
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.37	10501 Gateway Blvd W
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Lemons for pushcards
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment		The Instruction Guide explains how to c	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/25 Rpt: 40/53		Limón, Lilia		00000037
4	Date	5	Payee name		•
	12/02/2024		El Super		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$7.59		10501 Gateway Blvd W		
			El Paso, TX 79925		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Lemons for push cards
9	Complete ONLY if direct	(	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	Н			
_	Date	Т	Payee name		
	11/19/2024		Factor Prints		
	Amount (\$)	T	Payee address; City; State; Zip C	ode	
	\$149.33		4400 Chester Ave		
			El Paso, TX 79903		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Campaign TShirts
					Campaign 15mits
	Complete ONLY if direct	Ц (	Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/O			9	
_	Date	Т	Payee name		
	12/03/2024		Family Dollar		
	Amount (\$)	┢	Payee address; City; State; Zip C	ode	
	\$10.79		8899 Alameda		
			El Paso, TX 79907		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense Cell Phone
					Cell Phone
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office so	Light	Office held
	expenditure to benefit C/O		Sandidate/Officeriolder flame Office 30	ugni	Office field

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/25 Rpt: 41/53	Limón, Lilia 00000037
4	Date	5 Payee name
	12/03/2024	Genera, Richard
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	12727 Tierra Este Apt. 110
		El Paso, TX 79938
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Election Worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	11/18/2024	Great American
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,075.84	1300 Airway Blvd Ste. D
		El Paso, TX 79925
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraiser fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
<b>—</b>	Date	Payee name
	11/06/2024	Guerrero, Miguel (Mr.)
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$372.00	11981 Brave Heart
	Ψ312.00	11301 Blave Healt
		El Paso, TX 79936
$\vdash$	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Election Worker
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	<u> </u>

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/25 Rpt: 42/53	Limón, Lilia 00000037
4	Date	5 Payee name
	12/03/2024	Guerrero, Miguel (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$564.00	11981 Brave Heart
l		
l		El Paso, TX 79936
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
l		Election Worker
Ļ	Commists ONII V if direct	Condidate (Office holder years Office county)
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┡	· 	
l	Date	Payee name
ᆫ	12/03/2024	Guerrero, Miguel (Mr.)
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$720.00	11981 Brave Heart
l		
L		El Paso, TX 79936
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Election Worker
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
l	11/12/2024	Holguin, Eddie (Mr.)
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$798.54	241 Elvin Way
l		
l		El Paso, TX 79907
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Consulting Expense  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Consulting
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/25 Rpt: 43/53	Limón, Lilia 00000037
4	Date	5 Payee name
	11/07/2024	La Gorda Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.52	1491 Lee Trevino Dr
		El Paso, TX 79936
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Breakfast for election workers
		Broaklast for closuloff Workers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/03/2024	La Gorda Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.04	1491 Lee Trevino Dr
	ψ33.04	1431 Lee Hevillo Di
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch for election workers
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantare to benefit of or	
	Date	Payee name
	10/28/2024	La Tapatia, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.93	8941 Old County Dr.
		El Paso, TX 79907
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Snacks for volunteers
		Shacks for volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		ilers)
	Sch: 16/25 Rpt: 44/53	Limón, Lilia 00000037	
4	Date	5 Payee name	
	11/15/2024	Lunch Box	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	667 Carolina Dr.	
		El Paso, TX 79915	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORE	Check if Austin, TX, officeholder living expense	
		Watch Party Deposit	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
	Date	Payee name	
	12/03/2024	McDonald's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.82	8675 Alameda	
		El Paso, TX 79907	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Snacks for workers	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	DH	
	Date	Payee name	
	12/04/2024	McDonald's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.37	8675 Alameda	
		El Paso, TX 79907	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Worker Snack	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 17/25 Rpt: 45/53	Limón, Lilia			00000037	
4	Date	5 Payee name		•		
	10/28/2024	Meta				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$30.00	1 Hacker Wy				
		Menlo Park, CA 94025				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	<b>b)</b> De	escription		
	OF EXPENDITURE	Advertising Expense		Check if travel outside		
	LAI LINDITORE			Check if Austin, TX, o	officeholder living	expense
			Γċ	acebook Ads		
9	Complete ONL V if direct	Candidate/Officeholder name Office sough	h+		Office he	old.
9	Complete ONLY if direct expenditure to benefit C/OI		ΠL		Office fie	eiu
	Date	Payee name				
	11/14/2024	Meta				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$33.00	1 Hacker Wy				
		Menlo Park, CA 94025				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b	<b>b)</b> De	escription		
	EXPENDITURE	Advertising Expense	⊢	Check if travel outsident Check if Austin, TX, of		
			L Fa	acebook Ads	miceriolder living	Схрепас
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI	4				
	Date	Payee name				
	11/20/2024	Meta				
	Amount (\$)	Payee address; City; State; Zip Code	e			
	\$18.56	1 Hacker Wy				
		, and the second				
		Menlo Park, CA 94025				
	PURPOSE		<b>h)</b> Do	escription		
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>-,</b> [	Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	rear state ing Expenses		Check if Austin, TX, o	officeholder living	expense
			Fa	acebook Ads		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
	experience to beliefit 6/01	•				

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 18/25 Rpt: 46/53	2 FILER NAME Limón, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4	Date 12/02/2024	5 Payee name Meta	,
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 1 Hacker Wy	
8	PURPOSE OF EXPENDITURE	Menlo Park, CA 94025  (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Facebook Ads
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 12/02/2024	Payee name Meta	
	Amount (\$) \$50.00	Payee address; City; State; Zip Code  1 Hacker Wy  Menlo Park, CA 94025	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Facebook Ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 11/29/2024	Payee name NGP Van, Inc	
	Amount (\$) \$12.78	Payee address; City; State; Zip Code 655 15th St. NW Ste. 650	
		Washington, DC 20005	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Marketing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 19/25 Rpt: 47/53	Limón, Lilia						00000037	
4	Date	5 Payee name							
	11/05/2024	NGP Van, I	nc						
6	Amount (\$)	7 Payee addre		State; Zip C	ode				
	\$145.96	655 15th St	. NW Ste. 650						
		Washingtor	n, DC 20005						
8	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense			_		de of Texas. Com officeholder living	
						Digital Marke			Compense
						· ·	Ì		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	12/02/2024	Peter Piper	Pizza						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$58.03	1800 N. Za	ragoza Rd.						
		El Paso, T	79936						
	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	age Expense					de of Texas. Com officeholder living	
						Lunch for blo			
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	10/29/2024	Salazar, Ca	armen (Mr.)						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$270.00	215 Manue	l Dr.						
		El Paso, T	( 79907						
	PURPOSE OF	· ·	ee Categories listed at the to		(b)	Description			
	EXPENDITURE	Salaries/Wa	ages/Contract Labo	or				de of Texas. Com	
						Election Work		officeholder living	, expense
	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O				_				

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 20/25 Rpt: 48/53	2 FILER NAME Limón, Lilia 3 Filer ID (Ethics Commission Filers) 00000037
4	Date 11/13/2024	5 Payee name Salazar, Carmen (Mr.)
6	Amount (\$) \$108.00	7 Payee address; City; State; Zip Code 215 Manuel Dr.  El Paso, TX 79907
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Election Worker
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/05/2024	Payee name Salazar, Carmen (Mr.)
	Amount (\$) \$270.00	Payee address; City; State; Zip Code 215 Manuel Dr.  El Paso, TX 79907
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Election Worker
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/08/2024	Payee name Santos, Monica (Miss)
	Amount (\$) \$576.00	Payee address; City; State; Zip Code 912 Marigold
		El Paso, TX 79907
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Election Worker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 21/25 Rpt: 49/53	Limón, Lilia 00000037			
4	Date	5 Payee name			
	11/15/2024	Santos, Monica (Miss)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$108.00	912 Marigold Way			
		El Paso, TX 79907			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Election Worker			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
F	Date	Payee name			
	10/31/2024	Santos, Monica (Miss)			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$528.00	912 Marigold Way			
	Ψ320.00	312 Mangola Way			
		El Paso, TX 79907			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Election Worker			
		Liection Worker			
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/Ol	<b>y</b>			
⊨	Date	Davida marra			
	11/08/2024	Payee name Santos, Monica (Miss)			
L		· · · ·			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$576.00	912 Marigold			
		El Paso, TX 79907			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	LAFENDITORE	Check if Austin, TX, officeholder living expense			
		Election Worker			
$\vdash$	Oranglete Chilly " "	Openhalte Office halden and a second of the			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
<u> </u>	· 				

#### SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/25 Rpt: 50/53	Limón, Lilia 00000037
4	Date	5 Payee name
	10/29/2024	Scale To Win
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$683.40	13742 Harper
		Santa Anna, CA 92703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Messaging
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	12/04/2024	Scale To Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$414.62	13742 Harper
		Santa Anna, CA 92703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Messages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	11/07/2024	Scale To Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$906.17	13742 Harper
		Santa Anna, CA 92703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Marketing
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 23/25 Rpt: 51/53	Limón, Lilia 00000037		
4 Date	5 Payee name		
11/25/2024	Starbucks		
6 Amount (\$) \$43.54	7 Payee address; City; State; Zip Code 629 Zaragoza Rd.		
	El Paso, TX 79907		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Breakfast for block walkers		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/02/2024	Starbucks		
Amount (\$)	Payee address; City; State; Zip Code		
\$19.43	629 Zaragoza Rd.		
	El Paso, TX 79907		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Drinks for block walkers		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
12/04/2024	Subway		
Amount (\$)	Payee address; City; State; Zip Code		
\$24.97	10501 Gateway West Unit 850		
	El Paso, TX 79925		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Election workers lunch		
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		

### SCHEDULE F1

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

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

l	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 24/25 Rpt: 52/53		Limón, Lilia				00000037	
4	Date	5	Payee name			<u> </u>		
	11/12/2024		Taco Cabana					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de			
	\$31.12		1777 N Lee Trevino					
			El Paso, TX 79936					
8	PURPOSE	(a	Category (See Categories listed at the top of this so	chedule)	(b)	Description		
l	OF EXPENDITURE		Food/Beverage Expense	,		Check if travel outsid		
						Check if Austin, TX, of Food for block was		expense
						FOOD TOT DIOCK WA	aikeis	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	thr		Office he	ald.
ľ	expenditure to benefit C/O		Candidate/Officeriolder flame	Onice 30di	giit		Office fic	,iu
⊨	Date	Т	Payee name					
	11/12/2024		Taco Cabana					
H	Amount (\$)	╁		e; Zip Co	de			
	\$42.95		1777 N Lee Trevino	c, zip co	uc			
	Ψ-2.50		1777 W Lee Trevino					
			El Paso, TX 79936					
H	PURPOSE	(2			(h)	Description		
	OF	۱ <sup>۱۵</sup>	Category (See Categories listed at the top of this so Food/Beverage Expense	chedule)	(D)	Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE		1 oou/Deverage Expense			Check if Austin, TX, o	officeholder living	expense
						Breakfast for bloc	ck walkers	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name	Office sou	ght		Office he	eld
		_						
	Date		Payee name					
	11/18/2024	┖	Taco Cabana					
	Amount (\$)			e; Zip Co	de			
	\$37.62		1777 N Lee Trevino					
			El Paso, TX 79936					
	PURPOSE OF	(a	Category (See Categories listed at the top of this so	chedule)	(b)	Description  Check if travel outsid	a of Toy O	plata Cabadula T
l	EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, of		
						Breakfast for bloc		
Г	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office he	eld
	expenditure to benefit C/O	Н						
Г								
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### SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 25/25 Rpt: 53/53	Limón, Lilia 00000037		
4	Date	5 Payee name		
	11/12/2024	US Postal Services		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$87.60	4116 Dyer		
		El Paso, TX 79930		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense  Postage for thank you cards send to donors		
		Postage for thank you cards send to donors		
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	·			
	Date	Payee name		
	11/27/2024	US Postal Services		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$58.40	4116 Dyer		
		El Paso, TX 79930		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense  Stamps for donor thank yous		
		Stamps for donor thank yous		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Date	Payee name		
	10/28/2024	WalMart		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$17.28	8115 North Loop Dr.		
		El Paso, TX 79907		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense		
	EXI ENDITORE	Check if Austin, TX, officeholder living expense		
		Beverages for election workers		
	0 1 0 0 0 0 0 0			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	·			