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) 27 00000037 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Lilia NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Lily Limón ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked CANDIDATE / 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

Month

ELECTION TYPE

χRunoff

Special

Day

12/31/2024

12 OFFICE SOUGHT (if known)

Year

Other

reporting limit

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

12/05/2024

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 27

13 C / OH NAME	Limón, Lilia		14 Filer ID (Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION	1 TOTAL LINUTENA	ZED DOLUTICAL CONTRIBUTIONS (OTUED TUAN	N DI FDOFC LOANC					
TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 11,135.00				
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 15,287.92				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 2,314.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 8,600.00				
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
			Lilia Limón					
		Signature of	Candidate or Officehole	der				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath							

SUBTOTALS - C/OH

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

				3 of 27
18 FILER N Limón,		(Ethic:	s Commission Filers)	
	ULE SUBTOTALS DF SCHEDULE		S	SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,860.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,275.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X	SCHEDULE E: LOANS		\$	1,600.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	15,287.92	
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	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	\$			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/4 Rpt: 4/27		
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commissio 00000037	n Filers)	
4	Date 12/06/2024	 5 Full name of contributor out-of-state PAC (ID#:_Acosta, Christina 6 Contributor address; City; State; Zip Code 9327 Elgin)	7	Amount of Contribution (\$)	\$400.00	
8	Principal occu Not Employe	El Paso, TX 79907 pation / Job title (See Instructions) d	9	Employer (See Instructions Not Employed	j 5)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/19/2024 Aguilar, Richard Contributor address; City; State; Zip Code 150 W. Castellano El Paso, TX 79912			Amount of Contribution (\$)	\$1,000.00			
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions EPT Land	s)			
	Date 12/06/2024	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	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> ;)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/08/2024 Fierro, Robert Contributor address; City; State; Zip Code 1804 Julia May Place El Paso, TX 79935			Amount of Contribution (\$)	\$100.00			
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_Garcia, Angie Contributor address; City; State; Zip Code 14512 Thayer Pease Ave. Horizon City, TX 79928)		Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/4 Rpt: 5/27		
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	on Filers)	
4	Date 12/20/2024 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$200.00			
8	Principal occu Retired	El Paso, TX 79925 pation / Job title (See Instructions)	9 Employer (See Instructions Retired	<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/07/2024 Katrin, Deborah Contributor address; City; State; Zip Code 3940 Flamingo El Paso, TX 79902		•	Amount of Contribution (\$)	\$1,000.00			
	Principal occu Self	pation / Job title (See Instructions		Employer (See Instructions KASCO Structures	s)			
	Date 12/06/2024	Full name of contributor Leeser, Oscar V. Contributor address; City; St. 7101 N. Mesa El Paso, TX 79912	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Mayor	pation / Job title (See Instructions		Employer (See Instructions City of El Paso	<u>l</u> S)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/09/2024 Limon Romero, Lawrence Contributor address; City; State; Zip Code 11622 Aviation Blvd. Apt. 135 Inglewood, CA 90304				Amount of Contribution (\$)	\$2,000.00		
	Principal occu Software Eng	pation / Job title (See Instructions gineer		Employer (See Instructions Amazon	5)			
	Date 12/14/2024 Full name of contributor out-of-state PAC (ID#:) Lopez, Alberto Contributor address; City; State; Zip Code 6709 Villa Hermosa El Paso, TX 79912		•	Amount of Contribution (\$)	\$100.00			
	Principal occu Not Employe	pation / Job title (See Instructions		Employer (See Instructions Not Employed	s)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 3/4 Rpt: 6/27	
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	on Filers)
4	Date 12/14/2024	Lopez, Alberto 6 Contributor address; City; State; Zip Cod 6709 Villa Hermosa	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occup Not Employe	El Paso, TX 79912 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	5)		
	Date 12/09/2024	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$1,000.00	
	Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed			i)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/10/2024 Medina, Larry Contributor address; City; State; Zip Code 11008 Don January Dr.			Amount of Contribution (\$)	\$200.00		
	Principal occup Not Employe	El Paso, TX 79935 pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>;</u>)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/06/2024 Medina, Othon (Mr.) Contributor address; City; State; Zip Code 2705 Doug Ford Dr. El Paso, TX 79935			Amount of Contribution (\$)	\$250.00		
	Principal occupation / Job title (See Instructions) Engineer Employer (See Instructions) Retired		()				
	Date Full name of contributor out-of-state PAC (ID#:) 12/20/2024 Ortiz, Francisco Contributor address; City; State; Zip Code 3132 Eades Place El Paso, TX 79935			Amount of Contribution (\$)	\$50.00		
	Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
			•				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/27		
2	FILER NAME Limón, Lilia			3	Filer ID (Ethics Commission Filers) 00000037		
4	Date 12/07/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$20.00		
8	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)	9 Employer (See Instructions	 - S)			
	Not Employe	Full name of contributor out-of-state PAC (ID#:	Not Employed		Amount of Contribution (\$)		
	12/06/2024 Robles, Elizabeth Contributor address; City; State; Zip Code 8937A Old County		•	\$15.00			
	Principal occu	El Paso, TX 79907 pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Armando Contributor address; City; State; Zip Code 241 Brianna Ct. Canutillo, TX 79835)		Amount of Contribution (\$) \$250.00		
	Principal occu Business De	pation / Job title (See Instructions)	Employer (See Instructions Venegas Engineering M	•	agement & Construction Inc.		
	Date Full name of contributor out-of-state PAC (ID#:) 12/20/2024 Williams, Ruth Contributor address; City; State; Zip Code 3301 Rain Dance Dr.		•	Amount of Contribution (\$) \$25.00			
	Principal occu Not Employe	El Paso, TX 79936 pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u> </u> S)			

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: 8/27 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 12/31/2024 Holquin, Eddie (Mr.) \$2,000.00 | Consulting 7 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) 11 Employer (FOR NON-JUDICIAL) (See instructions) 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) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 12/31/2024 Limon, Jose \$1,275.00 | Campaign Assistance Contributor address; City; State; Zip Code 1301 Lonewood Dr 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)

	LOANS					SCHEDULE E
	The Instructio	n Guide explains how to o	complete this f	orm.		iges Schedule E: 1 Rpt: 9/27
2	FILER NAME Limón, Lilia					(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS				\$
5	Date of loan 12/27/2024	7 Name of lender Limon, Lily	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$1,000.00
6	Is lender a financial institution?	8 Lender address; City; 1301 LONEWOOD DR	State;	Zip Code		10 Interest Rate
	No	El Paso, TX 79925-7819				11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction City of El Paso	ns)	
						dian malification and
14	Description of Coll X None	aterai		15 Check if personal funds	were deposited	(See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor		I		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instruction	ins)	
	Date of loan	Name of lender	out-of-state PA	C (ID#:		Loan Amount (\$)
	12/20/2024	Limon, Lily	out-or-state i A	С (ПБ#		\$600.00
	Is lender a financial institution?	Lender address; City; 1301 LONEWOOD DR	State;	Zip Code		Interest Rate
	No	El Paso, TX 79925-7819				Maturity Date
	Principal occupation	on / Job title (See Instructions)		Employer (See Instruction	ns)	
	City Representa	tive		City of El Paso		
	Description of Coll X None	ateral		Check if personal funds	were deposited	d into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	on		Employer (See Instruction	ns)	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 1/18 Rpt: 10/27	Limón, Lilia 00000037
4	Date	5 Payee name
	12/19/2024	Act BLUE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.15	PO Box 441146
		Somerville, MA 02144
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
		Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/17/2024	Beall, Luis (Mr.)
_	Amount (\$)	Payee address; City; State; Zip Code
	\$144.00	9365 Scooter
	Ψ±++.00	9303 3C00lei
		El Paso, TX 79907
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EA LIBITE.	Check if Austin, TX, officeholder living expense
		Campaign Worker
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/06/2024	Bell, Kernneth
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1204 Avalon Dr. Apt. E
		El Paso, TX 79925
	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
		Campaign Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_			_
1	Total pages Schedule F1: Sch: 2/18 Rpt: 11/27	2 FILER NAME Limón, Lilia 3 Filer ID (Ethics Commission Filers) 00000037	
4	Date	5 Payee name	_
	12/20/2024	Bell, Kernneth	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$350.00	1204 Avalon Dr. Apt. E	
		El Paso, TX 79925	
8	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	
		Campaign Worker	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefit C/Oi	'	
	Date	Payee name	
	12/10/2024	Biggs, Alex (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$456.00	10081 Imperial	
		El Paso, TX 79924	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Campaign Worker	
		Campaign Women	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	_
	12/11/2024	Biggs, Alex (Mrs.)	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.92	10081 Imperial	
		51 P TV 7000 4	
		El Paso, TX 79924	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Campaign Worker	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony pet listed above)

	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: 3/18 Rpt: 12/27	Limón, Lilia 00000037
4	Date	5 Payee name
	12/26/2024	Canchola, Patricia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.00	338 Hourglass
		El Paso, TX 79915
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Worker
		Campaign Women
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Douge name
	12/26/2024	Payee name Canchola, Patricia
	Amount (\$)	Payee address; City; State; Zip Code
	\$132.00	338 Hourglass
		El Paso, TX 79915
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Worker
		Campaigh Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Davies wares
	Date 12/30/2024	Payee name 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
		Messaging
		g
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	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: 4/18 Rpt: 13/27	Limón, Lilia 00000037
4	Date	5 Payee name
	12/13/2024	Corner Bakery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$270.41	1144 N. Yarbrough
		El Paso, TX 79925
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Worker Food
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	•	
	Date	Payee name
	12/16/2024	Donuts Hot and Fresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.53	12708 Montana Ave. Unit A-20
		El IPaso, TX 79938
	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
		Campaign Worker Food
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
⊨	Data	
	Date	Payee name
L	12/09/2024	Dunkin Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.69	1105 N. Yarbrough Dr.
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Worker Food
L		
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiord to borient 0/01	•

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 The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 5/18 Rpt: 14/27		Limón, Lilia				0000037
4	Date	5	Payee name				
	12/10/2024		Dunkin Donuts				
6	Amount (\$) \$7.66	7	Payee address; City; State; 1105 N. Yarbrough Dr. El Paso, TX 79925	Zip Co	de		
8	PURPOSE	(a)		al al al	(b) Description		
•	OF EXPENDITURE	Food/Reverage Expense					officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice sou	yht		Office held
	Date		Payee name				
	12/11/2024		Dunkin Donuts				
	Amount (\$) Payee address; City; State; Zip Code \$22.92 1105 N. Yarbrough Dr.						
			El Paso, TX 79925				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schell Food/Beverage Expense	dule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense er Food
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice sou	yht		Office held
	Date		Payee name				
L	12/06/2024		EPMP				
	Amount (\$) \$3,775.37		Payee address; City; State; 1144 Vista De Oro Ste. A	Zip Co	de		
			El Paso, TX 79935				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scheel Advertising Expense	dule)	<u> </u>		de of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice souç	yht		Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 G	uide explains how to c	ompl	lete this form.
1	Total pages Schedule F1:	2 FILEF	R NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 6/18 Rpt: 15/27	Limó	n, Lilia			00000037
4	Date	5 Paye				
	12/12/2024	EPM	P			
6	Amount (\$)		e address; City;	State; Zip C	ode	
	\$3,090.82	1144	Vista De Oro Ste. A			
		El Pa	so, TX 79935			
8	PURPOSE OF		JORY (See Categories listed at t	the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Aave	rtising Expense			Check if Austin, TX, officeholder living expense
						Mailer
9	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholder name	Office so	ught	Office held
	experiordine to benefit C/O					
	Date	Paye	e name			
L	12/16/2024	Gene	era, Richard			
	Amount (\$)	Paye	e address; City;	State; Zip C	ode	
	\$350.00	1272	7 Tierra Este Apt. 110			
L		El Pa	ıso, TX 79938			
	PURPOSE OF		JOTY (See Categories listed at t		(b)	Description
l	EXPENDITURE	Salaı	ries/Wages/Contract L	abor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l						Campaign Worker
	Complete ONLY if direct		ate/Officeholder name	Office so	ught	Office held
	expenditure to benefit C/OI					
	Date	Paye	e name			
	12/10/2024	La G	orda Restaurant			
	Amount (\$)	Paye	e address; City;	State; Zip C	ode	
	\$14.11	1491	Lee Trevino Dr			
		El Pa	so, TX 79936			
	PURPOSE OF		JOry (See Categories listed at t	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
						Campaign Worker Food
	Complete ONLY if direct		ate/Officeholder name	Office so	ught	Office held
L	expenditure to benefit C/OI					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/18 Rpt: 16/27	Limón, Lilia 00000037
4	Date	5 Payee name
	12/16/2024	La Gorda Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$101.41	1491 Lee Trevino Dr
		El Paso, TX 79936
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.
		Campaign Worker Food
		Sampaigh Worker 1 oou
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nama
		Payee name
	12/06/2024	La Tapatia, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.85	8941 Old County Dr.
		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.
		Campaign Worker Food
		Campaigh Worker 1 oou
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	12/18/2024	Payee name Limon, Santiago
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code 5730 Middlesboro Ave.
	\$301.00	
		false
		El Paso, TX 79924
	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
		Campaign Worker
		Campaigh Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - 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: 8/18 Rpt: 17/27	Limón, Lilia 00000037
4 Date	5 Payee name
12/13/2024	Martinez, Vanessa
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$210.00	114 Finita Lane
	El Paso, TX 79907
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.
	Campaign Worker
	Campaigh Worker
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5.	
Date	Payee name
12/17/2024	Martinez, Vanessa
Amount (\$)	Payee address; City; State; Zip Code
\$720.00	114 Finita Lane
	El Paso, TX 79907
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Campaign Worker
	Campaigh Worker
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
<u> </u>	
Date	Payee name
12/05/2024	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
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Campaign Worker Food
Operation Children	On the Coffee had been as a second to the Coffee ha
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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: 9/18 Rpt: 18/27	Limón, Lilia 00000037
4	Date	5 Payee name
	12/06/2024	McDonald's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.38	8675 Alameda
		El Paso, TX 79907
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Worker Food
		Campaigh Worker 1 oou
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
		Payee name McDonald's
	12/10/2024	McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	8675 Alameda
		El Paso, TX 79907
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Worker Food
		Campaigh Worker 1 oou
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 12/09/2024	Payee name McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.66	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 Campaign Worker Food
		Campaigh Worker Food
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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: 10/18 Rpt: 19/27	Limón, Lilia 00000037
4	Date	5 Payee name
	12/16/2024	McDonald's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.72	8675 Alameda
		El Paso, TX 79907
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Worker Food
		Campaigh Worker Food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Para annua
		Payee name
L	12/09/2024	Meta
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1 Hacker Wy
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Ads
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	12/16/2024	Meta
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.00	1 Hacker Wy
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Facebook Ads
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/18 Rpt: 20/27	Limón, Lilia 00000037
4	Date	5 Payee name
	12/20/2024	Meta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.76	1 Hacker Wy
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Facebook Ads
		i deebook Ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
—	Data	David and the second se
	Date	Payee name
	12/20/2024	Meta
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.95	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Facebook Ads
		Lacebook Ads
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 12/16/2024	Payee name NGP Van, Inc
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.97	655 15th St. NW Ste. 650
		Washington, DC 20005
	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 Web Hosting
		web Hosting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee I	Gift/Awards/Memorial Legal Services	·		/ages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
				The Instruction G	uide explains	how to coi	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 12/18 Rpt: 21/27		Limón, Lilia							00000037		
4	Date	5	Payee name									
	12/16/2024		NGP Van, Ir	С								
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de					
	\$26.54		655 15th St.	NW Ste. 650								
			Washington,	DC 20005								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising I					Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	LXI LINDITORL							ш	TX,	officeholder living	g expense	
								Web Hosting				
_												
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	Date	_	Payee name									
	12/10/2024		NGP Van, In	С								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$29.06		655 15th St.	NW Ste. 650								
			Washington,	DC 20005								
	PURPOSE	(a)	Category (so	e Categories listed at	the ten of this coh	odulo)	(b)	Description				
	OF		Advertising I		the top of this sch	ledule)	` '	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	TX,	officeholder living	g expense	
								Web Hosting				
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI											
	Date		Payee name									
	12/10/2024		Ordonez, Ad	zari								
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de					
	\$228.00		8736 Winche	ester								
			El Paso, TX	79907								
	PURPOSE	(a)	Category (Sei	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			ges/Contract L		<i>'</i>		Check if travel of			plete Schedule T.	
	EXPENDITORE			_				ш		officeholder living	g expense	
								Campaign Wo	ork	er		
						2.00						
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	Superiorde to belieff 0/01											

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/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: 13/18 Rpt: 22/27	Limón, Lilia 00000037
4	Date	5 Payee name
	12/24/2024	Ordonez, Adzari
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	8736 Winchester
		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
		Campaign Worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	Н
	Date	Payee name
	12/24/2024	Ordonez, Adzari
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.00	8736 Winchester
		El Paso, TX 79907
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	Н
	Date	Payee name
	12/12/2024	Raising Cane's
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.12	8867 Gateway Blvd W.
	•	
		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 Austin, TX, officeholder living expense
		Campaign Worker Food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 cor	nple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/18 Rpt: 23/27		Limón, Lilia		00000037
4	Date	5	Payee name		•
	12/06/2024		Salazar, Carmen (Mr.)		
6	Amount (\$)	7	Payee address; City; State; Zip Coo	de	
	\$288.00		215 Manuel Dr.		
			El Paso, TX 79907		
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
					Campaign Worker
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	thr	Office held
	expenditure to benefit C/OI		Candidate/Officerolder name Office sout	grit	Office field
_	Date	Т	Para a sana		
	12/12/2024		Payee name Salazar, Carmen (Mr.)		
		┡		al a	
	Amount (\$) \$144.00		Payee address; City; State; Zip Cor 215 Manuel Dr.	ae	
	\$144.00		215 Manuel Dr.		
			ELD		
		L	El Paso, TX 79907		
	PURPOSE OF	(a)	2 ((b)	Description Chack if travel outside of Tayes, Complete Schodule T
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Campaign Worker
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	12/12/2024		Santos, Monica (Miss)		
	Amount (\$)		Payee address; City; State; Zip Coo	de	
	\$432.00		912 Marigold 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.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense
					Campaign Worker
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office sou	tdr.	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Sandidate/Onicendide Hame Office Sout	grit	Office Held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		_
	Sch: 15/18 Rpt: 24/27	Limón, Lilia 00000037	
4	Date	5 Payee name	
	12/17/2024	Santos, Monica (Miss)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	\neg
	\$192.00	912 Marigold Way	
	\$102.00	Thangola Way	
		El Paso, TX 79907	
8	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	
		Campaign Worker	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
H	Date	Payee name	=
	12/20/2024	Santos, Monica (Miss)	
		` '	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$96.00	912 Marigold Way	
		El Paso, TX 79907	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Worker	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\neg
	expenditure to benefit C/OI		
⊨	Data		_
	Date	Payee name	
	12/31/2024	Scale To Win	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,293.07	13742 Harper	
		Santa Anna, CA 92703	
	PURPOSE		_
	OF		
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Text Messaging	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to o	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 16/18 Rpt: 25/27	Limón, Lilia		0000037
4	Date	5 Payee name		-
	12/31/2024	Scale To Win		
6	Amount (\$)	7 Payee address; City; State; Zip C	Code	
l	\$1,331.86	13742 Harper		
		Santa Anna, CA 92703		
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
				Text Messaging
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/Ol	1		
Г	Date	Payee name		
	12/09/2024	Starbucks		
	Amount (\$)	Payee address; City; State; Zip C	Code	
	\$4.19	629 Zaragoza Rd.		
L		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
				Campaign Worker Food
Г	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/09/2024	Starbucks		
l	Amount (\$)	Payee address; City; State; Zip C	Code	
l	\$6.68	629 Zaragoza Rd.		
		51.5		
L		El Paso, TX 79907		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
l				Campaign Worker Food
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought	Office held
L	experience to beliefft C/O	,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Aucvertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ense Transportation Equipment & Related Expense Travel in District Travel Out of District
	Credit Card Payment	The Instruction Guide explains how to complete this for	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/18 Rpt: 26/27	Limón, Lilia	00000037
4	Date	5 Payee name	·
	12/09/2024	Starbucks	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4.95	629 Zaragoza Rd.	
		El Paso, TX 79907	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on.
	OF	, , ,	travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Austin, TX, officeholder living expense
		Campai	gn Worker Food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	12/09/2024	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.19	629 Zaragoza Rd.	
		El Paso, TX 79907	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF		travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if	Austin, TX, officeholder living expense
		Campaiç	gn Worker Food
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/09/2024	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.68	629 Zaragoza Rd.	
		El Paso, TX 79907	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Food/Beverage Expense	travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Austin, TX, officeholder living expense
		Campai	gn Worker Food
	Complete ONLY if allows:	Condidate/Officeholder regree	Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Foi	rms provided by Texas E	hics Commission www.ethics.state.tx.us	Version V4.1.0.d378aba0

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	- I Co	mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		pense ages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
┰	Total pages Schedule F1:	2	EII ER NAM				3	Filer ID (Ethics Commission File	ers)
	Sch: 18/18 Rpt: 27/27	_	Limón, Lilia					0000037	515)
┝	Date	_							
	12/06/2024	,	Payee name Subway	ŧ					
Ļ		7		one. City. Stat	o. Zin Cod	do			
ľ	Amount (\$) \$7.37	′	Payee addre	ess; City; Stat reway West Unit 850	e; Zip Co	ue			
	φ1.31		10501 Gai	eway west offit 650					
			El Paso, T	X 79925					
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b) Description			
	OF EXPENDITURE			erage Expense	,		outs	side of Texas. Complete Schedule T.	
	EXPENDITORE							x, officeholder living expense	
						Campaign W	ork/	ker Food	
_									
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Of	ficeholder name	Office soug	ght		Office held	