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) 18 00000037 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Lilia NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 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 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 534-7438 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified Х reporting limit Year **PERIOD** Month Day Month Day Year **COVERED** 01/01/2025 **THROUGH** 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE City Representative District District 7 El Paso

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Limón, Lilia		14 Filer ID 00000037	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have	or political expenditures made by political been made without the candidate's or office port this information only if they receive n	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED DOLITICAL CONTRIBUT	IONS (OTHER THAN REPORT LOANS	
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBU	IONS (OTHER THAN PLEDGES, LOANS JTIONS MADE ELECTRONICALLY)	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARA	ANTEES OF LOANS)	\$ 11,090.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITUI	RES	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 2,567.49
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		INED AS OF THE LAST DAY OF THE	\$ 7,895.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		NDING LOANS AS OF THE LAST DAY	\$ 8,600.00
17 AFFIDAVIT				-
		true and co	affirm, under penalty of perjury, that the a rrect and includes all information required 15, Election Code.	
			195.15.75	
			Lilia Limón Signature of Candidate or Officeho	older
			Signature of Candidate of Officerio	oluei
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
			, this the	day
of	, 20, to ce	rtify which, witness my hand a	nd seal of office.	
Signature of offi	cer administering	Printed name of officer ac	dministering Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 18				
18 FILER NAM	ME	19 Filer ID	(Ethics (Commission Filers)				
Limón, Lil	ia	00000037						
20 SCHEDULE SUBTOTALS SUBTOTAL A								
NAIVIE OF	SCHEDULE							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,865.00				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,225.00				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	2,567.49				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
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	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/6 Rpt: 4/18		
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)	
4	Date 03/11/2025	Acosta, Christina 6 Contributor address; City; State; Zip (9327 Elgin	f-state PAC (ID#: Code)	7	Amount of Contribution (\$)	\$150.00	
8	Principal occu Not Employe	El Paso, TX 79907 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed)			
Date Full name of contributor out-of-state PAC (ID#:) 05/16/2025 Acosta, Fermin Contributor address; City; State; Zip Code 1436 Cedar Oaks El Paso, TX 79936			Amount of Contribution (\$)	\$50.00				
	Principal occup Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired)			
Date Full name of contributor out-of-state PAC (ID#:) 03/11/2025 Barron, Elizabeth Contributor address; City; State; Zip Code 8821 Clavel Dr.			Amount of Contribution (\$)	\$40.00				
	Principal occup	El Paso, TX 79907 pation / Job title (See Instructions)		Employer (See Instructions Not Employed)			
	Date 03/11/2025		f-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Hirby Pest Control)			
	Date 05/16/2025	Full name of contributor out-o Berg, Tanny Contributor address; City; State; Zip C 444 Executive Center El Paso, TX 79902	f-state PAC (ID#:			Amount of Contribution (\$)	\$100.00	
	Principal occu Developer	pation / Job title (See Instructions)		Employer (See Instructions Self)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/18				
2	FILER NAME Limón, Lilia				3	Filer ID (Ethics Commission 00000037	n Filers)	
4	Date 03/11/2025	 5 Full name of contributor Bonart, Richard 6 Contributor address; City; Sta 6524 Loma de Cristo 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00	
8	Principal occu Not Employe	El Paso, TX 79912 pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/11/2025 Dipp, Suzanne Contributor address; City; State; Zip Code PO Box 55 El Paso, TX 79940		•	Amount of Contribution (\$)	\$500.00			
	Principal occup Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Self	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/11/2025 Duran, Leo Contributor address; City; State; Zip Code 721 Wellesley			Amount of Contribution (\$)	\$100.00			
	Principal occup	El Paso, TX 79902 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Date 03/11/2025	Full name of contributor Fierro, Enriqueta Contributor address; City; Sta 8612 Whitus El Paso, TX 79925	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)			
	Date 03/11/2025	Full name of contributor Fierro, Robert Contributor address; City; Sta 1804 Julia May Place El Paso, TX 79935	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$100.00	
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/18	
2	FILER NAME Limón, Lilia			3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 06/01/2025	 5 Full name of contributor out-of-state PAC (ID#:_Linebager Goggan Blair & Samson 6 Contributor address; City; State; Zip Code PO Box 1728 Austin, TX 78760)	7	Amount of Contribution (\$)	\$300.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/11/2025 Lizarraga, Cecilia Contributor address; City; State; Zip Code 513 Upson El Paso, TX 79902			Amount of Contribution (\$)	\$100.00	
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired)				
Date Full name of contributor out-of-state PAC (ID#:) 05/16/2025 Martinez, Richard Contributor address; City; State; Zip Code 11917 Paseo Real				Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	El Paso, TX 79936 pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#:_Medina, Othon (Mr.) Contributor address; City; State; Zip Code 2705 Doug Ford Dr. El Paso, TX 79935			Amount of Contribution (\$)	\$200.00
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 03/24/2025	Full name of contributor out-of-state PAC (ID#:_ Moreno, Arturo (Mr.) Contributor address; City; State; Zip Code 510 E. University El Paso, TX 79902			Amount of Contribution (\$)	\$50.00
	Principal occu Banker	pation / Job title (See Instructions)	Employer (See Instructions Retired)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instruc	ction Guide explains how to complete this 1	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/18				
2	FILER NAME Limón, Lilia			3	Filer ID (Ethics Commission 00000037	n Filers)		
4	Date 06/27/2025	 Full name of contributor out-of-state PAC (ID#:_Padilla, Jose Contributor address; City; State; Zip Code 7449 Umbria Dr.)	7	Amount of Contribution (\$)	\$200.00		
8	Principal occu Attorney	El Paso, TX 79904 Dation / Job title (See Instructions)	9 Employer (See Instructions Linebarger	<u> </u> s)				
	Date O3/24/2025 Reyes, Martha Contributor address; City; State; Zip Code 436 Mockingbird El Paso, TX 79907		•	Amount of Contribution (\$)	\$200.00			
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)				
Date Full name of contributor out-of-state PAC (ID#:) 05/16/2025 Reyes, Silvestre Contributor address; City; State; Zip Code 732 Azalea Pl.		•	Amount of Contribution (\$)	\$300.00				
	Principal occu	El Paso, TX 79922 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)				
	Retired		None					
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#:_Rivas, Jorge Contributor address; City; State; Zip Code 200 Northwind Dr. El Paso, TX 79912		•	Amount of Contribution (\$)	\$200.00		
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	s)				
	Date 03/24/2025	Full name of contributor out-of-state PAC (ID#:_Rodriguez, Jose Contributor address; City; State; Zip Code 1809 Georgia Place El Paso, TX 79902			Amount of Contribution (\$)	\$125.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)				

	MONEI	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/18	
2	FILER NAME Limón, Lilia			3	Filer ID (Ethics Commission 00000037	on Filers)
4	Date 03/24/2025	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$125.00
8	Principal occu Retired	El Paso, TX 79902 pation / Job title (See Instructions)	Employer (See Instructions Retired	 s)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/11/2025 Rosenbaum, Noel R. Contributor address; City; State; Zip Code 405 Valplano Drive El Paso, TX 79912			Amount of Contribution (\$)	\$125.00	
	Principal occu Not Employe	pation / Job title (See Instructions) d	Employer (See Instructions Not Employed	s)		
Date Full name of contributor out-of-state PAC (ID#:) 03/11/2025 Sada, Beatrice Contributor address; City; State; Zip Code 7228 Barker Rd.			Amount of Contribution (\$)	\$50.00		
	Principal occu	El Paso, TX 79915 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Not Employe	d	Not Employed			
	Date 05/16/2025	Full name of contributor out-of-state PAC (ID#: TREPAC Contributor address; City; State; Zip Code PO Box 2248 Austin, TX 78768)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#: Thompson, Paul (Mr.) Contributor address; City; State; Zip Code PO Box 12307 El Paso, TX 79913)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/18	
2	FILER NAME Limón, Lilia	3	Filer ID (Ethics Commission 00000037	n Filers)
4	Date 03/11/2025 5 Full name of contributor out-of-state PAC (ID#:) Trujillo, Anthony 6 Contributor address; City; State; Zip Code PO Box 1470 Canutillo, TX 79835	7	Amount of Contribution (\$)	\$200.00
8	Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instructions) Not Employed	l ns)		
	Date Full name of contributor out-of-state PAC (ID#:) 17 Trujillo, Therese Contributor address; City; State; Zip Code PO Box 1470 El Paso, TX 79835		Amount of Contribution (\$)	\$200.00
	Principal occupation / Job title (See Instructions) Producer Employer (See Instructions) Self	l 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: 10/18 FILER NAME 3 Filer ID (Ethics Commission Filers) Limón, Lilia 0000037 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/20/2025 Holquin, Eddie (Mr.) \$1,275.00 | 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) (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 06/20/2025 Limon, Jose \$950.00 Campaign development Contributor address; City; State; Zip Code and planning 1301 Lonewood Dr El Paso, TX 79925 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) 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
Credit Card Payment

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

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

l	Credit Card Payment	The Instruction Guide explains how to cor	mple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/8 Rpt: 11/18	Limón, Lilia		00000037
4	Date	5 Payee name		•
	03/24/2025	Airport Printing		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$269.54	7 Leigh Fisher Blvd. Ste E		
		El Paso, TX 79906		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Retire the Debt Printing
				Netire the Debt 1 initing
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
ľ	expenditure to benefit C/O		9	Sinde Hold
F	Date	Payee name		
	04/28/2025	Amazon		
┝	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$53.40	410 Terry Ave. N.		
		Seattle, WA 98109		
H	PURPOSE		(b)	Description
	OF	Advertising Expense	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	3 , , , ,		Check if Austin, TX, officeholder living expense
				Candy for Pledge Leaders and Visitors
L	Operated ONE V if dispert	Out lide to 10 ff and all decreases	4	Office held
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	gnt	Office held
H	Data			
	Date 01/09/2025	Payee name Beall, Luis (Mr.)		
┝		· ·	do	
	Amount (\$) \$84.00	Payee address; City; State; Zip Coo 9365 Scooter	ue	
	Ψ04.00	3303 3000001		
		El Paso, TX 79907		
H	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries, wages, contract East		Check if Austin, TX, officeholder living expense
				Block Walker
L				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç	ght	Office held
L	experience to beliefft 6/01			
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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/8 Rpt: 12/18	Limón, Lilia	00000037
4	Date	5 Payee name	•
	04/22/2025	Cognent	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$72.00	PO Box 536421	
		Orlando, FL 32853	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL		Check if Austin, TX, officeholder living expense
			Web hosting
_	Operation ONE V # discort	On a lide to 10 ff and a lide a second to	Office health
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	· 		
	Date	Payee name	
	01/13/2025	Cognent	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$96.00	PO Box 536421	
		Orlando, FL 32853	
	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
			Web Hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	-	
	Date	Payee name	
	06/30/2025	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$184.81	1601 Trapelo Rd.	
	,	Sept. 1	
		Waltham, MA 02451	
	PURPOSE	i	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			Messaging
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services	S	-	es/Contract Labor	Travel Out of Di OTHER (enter a	strict a category not listed above)
		,	The Instruction Guid	ie explains no	w to comp	lete this form.	T	
1	Total pages Schedule F1:	1					3 Filer ID	(Ethics Commission Filers)
	Sch: 3/8 Rpt: 13/18	Limón, Lili	a				00000037	
4	Date	5 Payee nam	е					
	05/29/2025	Constant (Contact					
6	Amount (\$)	7 Payee addr	ess; City;	State; 2	Zip Code			
	\$170.56	1601 Trap		•	•			
		Waltham,	MA 02451					
8	PURPOSE		See Categories listed at the	top of this schodu	(b)) Description		
	OF	Advertising		top of this schedu		:	outside of Texas. Con	nplete Schedule T.
	EXPENDITURE		y — 1,5 0			Check if Austir	n, TX, officeholder livin	g expense
						Messaging -	Newsletter	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Offi	ice sought	İ	Office h	eld
	Date	Payee nam						
	04/29/2025	Constant (Contact					
	Amount (\$)	Payee addr	ess; City;	State: 2	Zip Code			
	\$170.56	1601 Trap	-	,				
	7-1-1-1							
		Waltham,	MA 02451					
	PURPOSE	(a) Category	See Categories listed at the	top of this schedu	ule) (b)	Description		
	OF EXPENDITURE	Advertisin				ш	outside of Texas. Con	
	EXI ENDITORE						n, TX, officeholder livin	g expense
						Messaging -	Newsletter	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Offi	ice sought		Office h	eld
	Date	Dayoo nam						
	03/31/2025	Payee nam Constant (
	Amount (\$)	Payee addr		State; .	Zip Code			
	\$170.56	1601 Trap	elo Rd.					
		Waltham,	MA 02451					
	PURPOSE	(a) Category	See Categories listed at the	top of this schedu	ule) (b)	Description		
	OF EXPENDITURE	Advertisin	g Expense				outside of Texas. Con	
							n, TX, officeholder livin	g expense
						Messaging -	inewsiellei	
	0 1: 0	0 "			<u>. l</u>			
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Offi	ice sought		Office h	eia
	ponditare to benefit 0/01	-						

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total names Oct 11 51	<u> </u>
1	Total pages Schedule F1:	
L	Sch: 4/8 Rpt: 14/18	Limón, Lilia 00000037
4	Date	5 Payee name
	03/03/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$170.56	1601 Trapelo Rd.
	Ψ170.50	1001 Hapelo Na.
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Messaging - Newsletter
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	01/29/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$170.56	1601 Trapelo Rd.
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Platform
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	David and a second a second and
	Date	Payee name
	02/18/2025	Courtesy Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$283.50	11860 Vista del Sol #102
		El Paso, TX 79936
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone Banking
_	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	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 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 Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/8 Rpt: 15/18	Limón, Lilia	00000037
4	Date	5 Payee name	•
	02/25/2025	Go Fund Me	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$55.00	8605 Santa Monica Blvd	
		West Hollywood, CA 90069	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
			Student Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/09/2025	Just Park	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.30	106710 Kentish Town Rd	
		London United Kingdom	
	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 Museum visit parking
			acca rish partung
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
-	Date	Payee name	
	02/24/2025	Just Park	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.30	106710 Kentish Town Rd.	
		Phone application London United Kingdom	
	PURPOSE		Description
	OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Museum Visit Parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	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: 6/8 Rpt: 16/18	Limón, Lilia 00000037				
4	Date	5 Payee name				
	05/02/2025	M & M's				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$77.93	110 Edison Place				
		Newark, NJ 07102				
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.				
		Candy for Pledge Leaders and Visitors				
		Salidy for Fledge Leaders and Visitors				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
H	Date	Power name				
	01/21/2025	Payee name Mota				
		Meta				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$12.14	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				
		Messaging				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Data					
	Date	Payee name				
	02/04/2025	Scale To Win				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$26.11	13742 Harper				
		Santa Anna, CA 92703				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Texting Platform				
		rexuity Flatiotti				
_	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 7/8 Rpt: 17/18	2 FILER NAME Limón, Lilia 3 Filer ID (Ethics Commission Filers) 00000037
	Date 06/03/2025	5 Payee name Texas Tribune
6	Amount (\$) \$20.76	7 Payee address; City; State; Zip Code 919 Congress Ave. 6th Floor Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/10/2025	Payee name Texas VAN
	Amount (\$) \$332.50	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense VAN use
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/25/2025	Payee name US Postal Services
	Amount (\$) \$58.40	Payee address; City; State; Zip Code 4116 Dyer
		El Paso, TX 79930
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage Stamps
	Complete ONLY if direct expenditure to benefit C/O	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	mmittee	Gift/Awards/Memori Legal Services The Instruction			opense /ages/Contract Labor mplete this form.		Travel Out of Di OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	٦
	Sch: 8/8 Rpt: 18/18		Limón, Lilia						00000037		
4	Date	5	Payee name								٦
	04/18/2025		Westwood	High School							
6	Amount (\$)	7	Payee addre	ss; City;	Stat	e; Zip Co	de				1
	\$52.00		12400 Mello	ow Meadow D	r.						
			Austin, TX	78750							
8	PURPOSE	(a)	Category (S	ee Categories listed	at the ton of this s	chedule)	(b) Description				1
	OF	 `		ns/Donations I		cricuale)		l outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/P		mittee			, officeholder living	g expense	
							Student spor	nso	rship		
L											_
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name		Office sou	ght		Office h	eld	
_	•										\dashv