

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00000037	2 Total pages filed: 18			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Lilia		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025			
	NICKNAME LAST SUFFIX Lily Limón					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1301 Lonewood Dr El Paso, TX 79925		Date Hand-delivered or Date Postmarked			
			Receipt # Amount			
			Date Processed			
			Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Alicia					
	NICKNAME LAST SUFFIX Chacon					
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8937A Old County Dr. El Paso, TX 79907					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(915)	534-7438				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)					
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
		01/01/2025		THROUGH		06/30/2025
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE			
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) City Representative District District 7 El Paso		12 OFFICE SOUGHT (if known)			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,090.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,567.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,895.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	8,600.00

17 AFFIDAVIT

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

Lilia Limón

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Limón, Lilia	19 Filer ID (Ethics Commission Filers) 00000037
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,865.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,225.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,567.49
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/18
2 FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 03/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Christina <hr/> 6 Contributor address; City; State; Zip Code 9327 Elgin El Paso, TX 79907	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Fermin <hr/> Contributor address; City; State; Zip Code 1436 Cedar Oaks El Paso, TX 79936	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Elizabeth <hr/> Contributor address; City; State; Zip Code 8821 Clavel Dr. El Paso, TX 79907	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beard, Rose <hr/> Contributor address; City; State; Zip Code 1200 Likins Dr. El Paso, TX 79925	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Hirby Pest Control
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Tanny <hr/> Contributor address; City; State; Zip Code 444 Executive Center El Paso, TX 79902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/18
2 FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 03/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonart, Richard <hr/> 6 Contributor address; City; State; Zip Code 6524 Loma de Cristo El Paso, TX 79912	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dipp, Suzanne <hr/> Contributor address; City; State; Zip Code PO Box 55 El Paso, TX 79940	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Leo <hr/> Contributor address; City; State; Zip Code 721 Wellesley El Paso, TX 79902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fierro, Enriqueta <hr/> Contributor address; City; State; Zip Code 8612 Whitus El Paso, TX 79925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fierro, Robert <hr/> Contributor address; City; State; Zip Code 1804 Julia May Place El Paso, TX 79935	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/18
2 FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 06/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebager Goggan Blair & Samson <hr/> 6 Contributor address; City; State; Zip Code PO Box 1728 Austin, TX 78760	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lizzarraga, Cecilia <hr/> 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 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Richard <hr/> Contributor address; City; State; Zip Code 11917 Paseo Real El Paso, TX 79936	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Othon (Mr.) <hr/> Contributor address; City; State; Zip Code 2705 Doug Ford Dr. El Paso, TX 79935	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Retired
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Arturo (Mr.) <hr/> Contributor address; City; State; Zip Code 510 E. University El Paso, TX 79902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/18
2 FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Jose <hr/> 6 Contributor address; City; State; Zip Code 7449 Umbria Dr. El Paso, TX 79904	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Linebarger
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Martha <hr/> Contributor address; City; State; Zip Code 436 Mockingbird El Paso, TX 79907	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Silvestre <hr/> Contributor address; City; State; Zip Code 732 Azalea Pl. El Paso, TX 79922	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivas, Jorge <hr/> Contributor address; City; State; Zip Code 200 Northwind Dr. El Paso, TX 79912	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Jose <hr/> Contributor address; City; State; Zip Code 1809 Georgia Place El Paso, TX 79902	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/18
2 FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037
4 Date 03/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Jose <hr/> 6 Contributor address; City; State; Zip Code 1809 Georgia Place El Paso, TX 79902	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbaum, Noel R. <hr/> Contributor address; City; State; Zip Code 405 Valplano Drive El Paso, TX 79912	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sada, Beatrice <hr/> Contributor address; City; State; Zip Code 7228 Barker Rd. El Paso, TX 79915	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC <hr/> Contributor address; City; State; Zip Code PO Box 2248 Austin, TX 78768	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Paul (Mr.) <hr/> Contributor address; City; State; Zip Code PO Box 12307 El Paso, TX 79913	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE 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 Filers) 00000037
4 Date 03/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trujillo, Anthony <hr/> 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
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trujillo, Therese <hr/> 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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/18	
2 FILER NAME Limón, Lilia		3 Filer ID (Ethics Commission Filers) 00000037	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/20/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Eddie (Mr.) <hr/> 7 Contributor address; City; State; Zip Code 241 Elvin Way El Paso, TX 79907	8 Amount of contribution (\$) \$1,275.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Consulting
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		11 Employer (FOR NON-JUDICIAL) (See instructions) Sun Circle Strategic Group	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon, Jose <hr/> Contributor address; City; State; Zip Code 1301 Lonewood Dr El Paso, TX 79925	Amount of contribution (\$) \$950.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Campaign development and planning
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not Employed		Employer (FOR NON-JUDICIAL) (See instructions) Not Employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 11/18	2 FILER NAME Limón, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4 Date 03/24/2025	5 Payee name Airport Printing	
6 Amount (\$) \$269.54	7 Payee address; City; State; Zip Code 7 Leigh Fisher Blvd. Ste E El Paso, TX 79906	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Retire the Debt Printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2025	Payee name Amazon	
Amount (\$) \$53.40	Payee address; City; State; Zip Code 410 Terry Ave. N. Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy for Pledge Leaders and Visitors
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2025	Payee name Beall, Luis (Mr.)	
Amount (\$) \$84.00	Payee address; City; State; Zip Code 9365 Scooter El Paso, TX 79907	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 12/18	2 FILER NAME Limón, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4 Date 04/22/2025	5 Payee name Cognent	
6 Amount (\$) \$72.00	7 Payee address; City; State; Zip Code PO Box 536421 Orlando, FL 32853	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name Cognent		
Amount (\$) \$96.00	Payee address; City; State; Zip Code PO Box 536421 Orlando, FL 32853	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Constant Contact		
Amount (\$) \$184.81	Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Messaging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 13/18	2 FILER NAME Limón, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4 Date 05/29/2025	5 Payee name Constant Contact	
6 Amount (\$) \$170.56	7 Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Messaging - Newsletter
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/29/2025	Candidate/Officeholder name Payee name Constant Contact	
Amount (\$) \$170.56	Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Messaging - Newsletter
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2025	Candidate/Officeholder name Payee name Constant Contact	
Amount (\$) \$170.56	Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Messaging - Newsletter
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 14/18	2 FILER NAME Limón, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4 Date 03/03/2025	5 Payee name Constant Contact	
6 Amount (\$) \$170.56	7 Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Messaging - Newsletter
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2025	Payee name Constant Contact	
Amount (\$) \$170.56	Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Platform
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2025	Payee name Courtesy Services	
Amount (\$) \$283.50	Payee address; City; State; Zip Code 11860 Vista del Sol #102 El Paso, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Banking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 15/18	2 FILER NAME Limón, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4 Date 02/25/2025	5 Payee name Go Fund Me	
6 Amount (\$) \$55.00	7 Payee address; City; State; Zip Code 8605 Santa Monica Blvd West Hollywood, CA 90069	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Student Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name Just Park	
Amount (\$) \$18.30	Payee address; City; State; Zip Code 106710 Kentish Town Rd London United Kingdom	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Museum visit parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name Just Park	
Amount (\$) \$18.30	Payee address; City; State; Zip Code 106710 Kentish Town Rd. Phone application London United Kingdom	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Museum Visit Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 16/18	2 FILER NAME Limón, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4 Date 05/02/2025	5 Payee name M & M's	
6 Amount (\$) \$77.93	7 Payee address; City; State; Zip Code 110 Edison Place Newark, NJ 07102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy for Pledge Leaders and Visitors
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2025	Payee name Meta	
Amount (\$) \$12.14	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Messaging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2025	Payee name Scale To Win	
Amount (\$) \$26.11	Payee address; City; State; Zip Code 13742 Harper Santa Anna, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting Platform
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 17/18	2 FILER NAME Limón, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense VAN use
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage Stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 18/18	2 FILER NAME Limón, Lilia	3 Filer ID (Ethics Commission Filers) 00000037
4 Date 04/18/2025	5 Payee name Westwood High School	
6 Amount (\$) \$52.00	7 Payee address; City; State; Zip Code 12400 Mellow Meadow Dr. Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Student sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held