

# 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<br>(Ethics Commission Filers)<br>00000002 | 2 Total pages filed:<br>11                                                                                                                                                            |                                                     |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR<br>FIRST<br>Cecilia                                                                                                                                                                                           | MI                                                   | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>01/11/2026                                                                                                     |                                                     |
|                                                                                                       | NICKNAME<br>Cissy                                                                                                                                                                                                           | LAST<br>Lizarraga                                    |                                                                                                                                                                                       |                                                     |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>513 Upson Dr<br><br>El Paso, TX 79902                                                                                                                                             |                                                      | Date Hand-delivered or Date Postmarked                                                                                                                                                |                                                     |
|                                                                                                       |                                                                                                                                                                                                                             |                                                      | Receipt #                                                                                                                                                                             | Amount                                              |
|                                                                                                       |                                                                                                                                                                                                                             |                                                      | Date Processed                                                                                                                                                                        |                                                     |
|                                                                                                       |                                                                                                                                                                                                                             |                                                      | Date Imaged                                                                                                                                                                           |                                                     |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       | MS / MRS / MR<br>FIRST<br>Joe                                                                                                                                                                                               | MI                                                   |                                                                                                                                                                                       |                                                     |
|                                                                                                       | NICKNAME<br>Alcantar                                                                                                                                                                                                        | LAST                                                 | SUFFIX                                                                                                                                                                                |                                                     |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE);<br>6389 Calle Azul<br><br>El Paso, TX 79912                                                                                                                                              |                                                      | APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                  |                                                     |
|                                                                                                       |                                                                                                                                                                                                                             |                                                      |                                                                                                                                                                                       |                                                     |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      | AREA CODE<br>(915)                                                                                                                                                                                                          | PHONE NUMBER<br>760-6950                             | EXTENSION                                                                                                                                                                             |                                                     |
| 8 REPORT<br>TYPE                                                                                      | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |                                                      |                                                                                                                                                                                       |                                                     |
|                                                                                                       | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |                                                      |                                                                                                                                                                                       |                                                     |
| 9 PERIOD<br>COVERED                                                                                   | Month<br>07                                                                                                                                                                                                                 | Day<br>01                                            | Year<br>2025                                                                                                                                                                          | THROUGH<br>Month<br>12<br>Day<br>31<br>Year<br>2025 |
| 10 ELECTION                                                                                           | ELECTION DATE<br>Month<br>Day<br>Year                                                                                                                                                                                       |                                                      | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                                     |
|                                                                                                       |                                                                                                                                                                                                                             |                                                      |                                                                                                                                                                                       |                                                     |
| 11 OFFICE                                                                                             | OFFICE HELD (if any)<br>Former District 8 City Representative, El Paso, TX<br>Place El Paso, TX District District 8 El Paso                                                                                                 |                                                      | 12 OFFICE SOUGHT (if known)<br>None                                                                                                                                                   |                                                     |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 11

|                                          |                                                           |
|------------------------------------------|-----------------------------------------------------------|
| <b>13 C / OH NAME</b> Lizarraga, Cecilia | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00000002 |
|------------------------------------------|-----------------------------------------------------------|

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

|                                         |                                                                                                                                       |    |           |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b>           | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                                         | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                           | \$ | 0.00      |
| -----<br><b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                            | \$ | 0.00      |
|                                         | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                                | \$ | 3,220.87  |
| -----<br><b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                                | \$ | 13,782.02 |
| -----<br><b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ | 0.00      |

**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.

Cecilia Lizarraga  
\_\_\_\_\_  
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.

|                                             |                                                |                                              |
|---------------------------------------------|------------------------------------------------|----------------------------------------------|
| _____<br>Signature of officer administering | _____<br>Printed name of officer administering | _____<br>Title of officer administering oath |
|---------------------------------------------|------------------------------------------------|----------------------------------------------|

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

3 of 11

|                                                  |                                                                                                             |                                                           |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>18 FILER NAME</b><br>Lizarraga, Cecilia       |                                                                                                             | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00000002 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL AMOUNT                                           |
| 1.                                               | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 0.00                                                   |
| 2.                                               | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 0.00                                                   |
| 3.                                               | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                       | \$ 0.00                                                   |
| 4.                                               | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                       | \$ 0.00                                                   |
| 5.                                               | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 3,220.87                                               |
| 6.                                               | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$ 0.00                                                   |
| 7.                                               | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS       | \$ 0.00                                                   |
| 8.                                               | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 0.00                                                   |
| 9.                                               | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$ 0.00                                                   |
| 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 | \$                                                        |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 4/11

2 FILER NAME  
Lizarraga, Cecilia

3 Filer ID (Ethics Commission Filers)  
00000002

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

|                                                                            |                                                                                                                        |                                                          |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>           |                                                                                                                        | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 5/11   |
| <b>2</b> FILER NAME<br>Lizarraga, Cecilia                                  |                                                                                                                        | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000002 |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                                         |                                                                                                                        | <b>\$</b> 0.00                                           |
| <b>5</b> Date of loan                                                      | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)                                         | <b>9</b> Loan Amount (\$)                                |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                                                         | <b>10</b> Interest Rate                                  |
|                                                                            |                                                                                                                        | <b>11</b> Maturity Date                                  |
| <b>12</b> Principal occupation / Job title (See Instructions)              |                                                                                                                        | <b>13</b> Employer (See Instructions)                    |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None       | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |                                                          |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor                                                                                            | <b>19</b> Amount Guaranteed (\$)                         |
|                                                                            | <b>18</b> Guarantor address; City; State; Zip Code                                                                     |                                                          |
| <b>20</b> Principal occupation                                             |                                                                                                                        | <b>21</b> Employer (See Instructions)                    |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                           |                                                                                                                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/6 Rpt: 6/11             | <b>2</b> FILER NAME<br>Lizarraga, Cecilia                                                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000002                                                                                                                                                                 |
| <b>4</b> Date<br>12/18/2025                                         | <b>5</b> Payee name<br>Albertsons Pharmacy                                                                |                                                                                                                                                                                                                          |
| <b>6</b> Amount (\$)<br>\$31.98                                     | <b>7</b> Payee address; City; State; Zip Code<br>3100 N Mesa St<br><br>El Paso, TX 79902                  |                                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Senior Center Treats           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                               | Office sought Office held                                                                                                                                                                                                |
| Date<br>08/05/2025                                                  | Payee name<br>Chihua Tacos Y Cortes                                                                       |                                                                                                                                                                                                                          |
| Amount (\$)<br>\$46.04                                              | Payee address; City; State; Zip Code<br>9135 Gateway West<br><br>El Paso, TX 79925                        |                                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Organization Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                               | Office sought Office held                                                                                                                                                                                                |
| Date<br>07/27/2025                                                  | Payee name<br>Child Crisis Center of El Paso                                                              |                                                                                                                                                                                                                          |
| Amount (\$)<br>\$200.00                                             | Payee address; City; State; Zip Code<br>2100 N. Stevens<br><br>El Paso, TX 79930                          |                                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fundraiser for School Supplies | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Backpack Drive Donation        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                               | Office sought Office held                                                                                                                                                                                                |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                        |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/6 Rpt: 7/11             | <b>2</b> FILER NAME<br>Lizarraga, Cecilia                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000002                                                                                                                                                               |
| <b>4</b> Date<br>12/01/2025                                         | <b>5</b> Payee name<br>Eastside Democrats of El Paso                                                                                                     |                                                                                                                                                                                                                        |
| <b>6</b> Amount (\$)<br>\$50.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>8904 W.H. Burges Dr.<br><br>El Paso, TX 79925                                                           |                                                                                                                                                                                                                        |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Christmas Party Contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                              |
| Date<br>09/01/2025                                                  | Payee name<br>El Paso Central Labor Union                                                                                                                |                                                                                                                                                                                                                        |
| Amount (\$)<br>\$200.00                                             | Payee address; City; State; Zip Code<br>3112 Forney Ln<br><br>El Paso, TX 79935                                                                          |                                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                                                                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Labor Day Breakfast Tickets  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                              |
| Date<br>11/12/2025                                                  | Payee name<br>El Paso County Democratic Party                                                                                                            |                                                                                                                                                                                                                        |
| Amount (\$)<br>\$100.00                                             | Payee address; City; State; Zip Code<br>1401 Montana Suite C<br><br>El Paso, TX 79902                                                                    |                                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fundraising Donation                                                          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>See "(a)"                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                              |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/6 Rpt: 8/11             | <b>2</b> FILER NAME<br>Lizarraga, Cecilia                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000002                                                                                                                                                                                                    |
| <b>4</b> Date<br>07/18/2025                                         | <b>5</b> Payee name<br>El Paso Inc.                                                                                                                      |                                                                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$782.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>209 Noble St.<br><br>El Paso, TX 79901                                                                  |                                                                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Ad                                                      |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                                   |
| Date<br>12/17/2025                                                  | Payee name<br>El Pasoans Fighting Hunger                                                                                                                 |                                                                                                                                                                                                                                                             |
| Amount (\$)<br>\$101.00                                             | Payee address; City; State; Zip Code<br>9541 Plaza Circle<br><br>El Paso, TX 79927                                                                       |                                                                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Designated Charity Funding thru the Westside Democrats of El Paso |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                                   |
| Date<br>07/02/2025                                                  | Payee name<br>Harland Clarke                                                                                                                             |                                                                                                                                                                                                                                                             |
| Amount (\$)<br>\$31.85                                              | Payee address; City; State; Zip Code<br>15955 La Cantera Parkway<br><br>San Antonio, TX 78256                                                            |                                                                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                                                            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Service for Checks                                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                                                   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                   |                                                                                                                                                                                                           |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/6 Rpt: 9/11             | <b>2</b> FILER NAME<br>Lizarraga, Cecilia                                                         | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000002                                                                                                                                                  |
| <b>4</b> Date<br>08/20/2025                                         | <b>5</b> Payee name<br>Hawk & Hero Productions                                                    |                                                                                                                                                                                                           |
| <b>6</b> Amount (\$)<br>\$60.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>209 E. San Antonio Ave.<br><br>El Paso, TX 79901 |                                                                                                                                                                                                           |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Photos          |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                                 |
| Date<br>09/08/2025                                                  | Payee name<br>Hawk & Hero Productions                                                             |                                                                                                                                                                                                           |
| Amount (\$)<br>\$60.00                                              | Payee address; City; State; Zip Code<br>209 E. San Antonio Ave.<br><br>El Paso, TX 79901          |                                                                                                                                                                                                           |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lulac Ad Layout |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                                 |
| Date<br>08/16/2025                                                  | Payee name<br>Lulac Council 8                                                                     |                                                                                                                                                                                                           |
| Amount (\$)<br>\$1,000.00                                           | Payee address; City; State; Zip Code<br>P.O. Box 23081<br><br>El Paso, TX 79923                   |                                                                                                                                                                                                           |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                           |                                                                                                                                                                                                           |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/6 Rpt: 10/11            | <b>2</b> FILER NAME<br>Lizarraga, Cecilia                                                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000002                                                                                                                                                  |
| <b>4</b> Date<br>07/29/2025                                         | <b>5</b> Payee name<br>Mier, Marie (Ms.)                                                                  |                                                                                                                                                                                                           |
| <b>6</b> Amount (\$)<br>\$100.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>6312 Edgemere<br>Apt. R 21<br>El Paso, TX 79925          |                                                                                                                                                                                                           |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>National Lulac Convention      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Travel Expense  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                               | Office sought Office held                                                                                                                                                                                 |
| Date<br>09/15/2025                                                  | Payee name<br>Tejanos Democrats of El Paso                                                                |                                                                                                                                                                                                           |
| Amount (\$)<br>\$160.00                                             | Payee address; City; State; Zip Code<br>140 S Kenazo Ave.<br><br>Horizon City , TX 79928                  |                                                                                                                                                                                                           |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Rally Event     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                               | Office sought Office held                                                                                                                                                                                 |
| Date<br>10/15/2025                                                  | Payee name<br>United States Postal Service                                                                |                                                                                                                                                                                                           |
| Amount (\$)<br>\$78.00                                              | Payee address; City; State; Zip Code<br>219 E. Mills Ave.<br><br>El Paso, TX 79901                        |                                                                                                                                                                                                           |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office Supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                               | Office sought Office held                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                                            |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/6 Rpt: 11/11            | <b>2</b> FILER NAME<br>Lizarraga, Cecilia                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00000002                                                                                                                                                                   |
| <b>4</b> Date<br>09/27/2025                                         | <b>5</b> Payee name<br>Viva La Bowie Fiesta Assoc                                                                                                        |                                                                                                                                                                                                                            |
| <b>6</b> Amount (\$)<br>\$100.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>11905 Paseo Real Cir<br><br>El Paso, TX 79936                                                           |                                                                                                                                                                                                                            |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution for Event Expenses. |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                  |
| Date<br>09/01/2025                                                  | Payee name<br>Westside Democrats                                                                                                                         |                                                                                                                                                                                                                            |
| Amount (\$)<br>\$120.00                                             | Payee address; City; State; Zip Code<br>405 Valplano Dr<br><br>El Paso, TX 79912                                                                         |                                                                                                                                                                                                                            |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense                                              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Dues and Tickets                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                              | Office sought Office held                                                                                                                                                                                                  |