

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

17

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Lyda

A

NICKNAME

LAST

SUFFIX

Ness GARCIA

OFFICE USE ONLY

Date Received

2011 APR 14

CITY CLERK DEPT.

Date Hand-delivered or Postmarked

PM 3:38

Receipt #

Account

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2801 N. Florence
El PASO, TX 79902

change of address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 920-1849

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Kirstin

J

NICKNAME

LAST

SUFFIX

Perez

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

200 N. mesa Hills #1709
El Paso, TX 79912

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 309-0322

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

03 / 10 / 2011

04 / 13 / 2011

11 ELECTION

Month

Day

Year

05 / 14 / 2011

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

n/a

13 OFFICE SOUGHT (if known)

City representative District 1

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY CLERK DEPT.

FORM C/OH

COVER SHEET PG 2

2011 APR 14 PM 3:38

15 C/OH NAME

Lyda Ness - Garcia

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ \$200.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ \$5,252.21

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ \$4,561.99

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

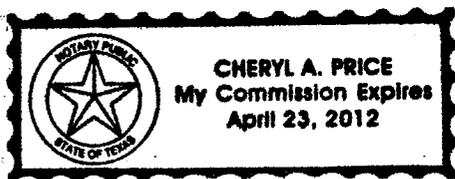
\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 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.

Lyda Ness Garcia
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lyda Ness Garcia, this the 14th day of April, 20 11, to certify which, witness my hand and seal of office.

Cheryl A. Price
Signature of officer administering oath

CHERYL A. PRICE
Printed name of officer administering oath

NOTARY
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 APR 14 PM 3:38

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Lyda Ness - Garcia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/23/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Wiles	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8947 Comet St. El Paso TX 79904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo R. Castillo	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10651 Janway El Paso TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard C. Bonart	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6524 Loma de Cristo Dr. El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Herrera	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4410 Trowbridge Ave. El Paso TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Lara	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 501 N. Kansas St. El Paso TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 APR 14 PM 3:38

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Lyda Ness-GARCIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/23/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl H. Green	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1205 Rim Rd. El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis David Quintanilla	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 610 Mississippi El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramiro E. Cordero	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2132 East Glen El Paso TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos E. + Katherine Flores	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 836 Via Riqueza St. El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Ellis	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2500 Scenic Crest Cir. #8 El Paso TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

SCHEDULE A

2011 APR 14 PM 3:38

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 6

2 FILER NAME **Lyda Ness - Garcia** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 4/2/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Ackerman	7 Amount of contribution (\$) \$ 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3344 Eileen Dr. El Paso TX 79904		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 3/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio Martinez	Amount of contribution (\$) \$ 80.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1211 Montana Ave. El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/6/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond Adauto	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3331 Morehead El Paso TX 79930		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/6/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louie Salazar or Ana I. Aleman	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3431 Fort Blvd El Paso TX 79930		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/4/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Williams	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1119 E. San Antonio El Paso TX 79901		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT. SCHEDULE A

2011 APR 14 PM 3:38

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Lyda Ness-GARCIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/31/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert + Agharese Ness	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1604 Lori LN Harrisburg PA 17110-3124	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Professor of British-American Lit		10 Employer (See Instructions)	
Date 3/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Chavez + Silvia A. Martinez	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1508 Rocky Bluff Dr El Paso TX 79902	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Leeds	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2920 Federal Ave. El Paso TX 79930-4306	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Ball	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2606 Matthews St. Berkeley CA 94702	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karol Vibeke Robles	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2800 N. Florence El Paso TX 79902	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 APR 14 PM 3:39

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Lyda Ness-Garcia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/6/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Dipp	7 Amount of contribution (\$) \$160.00	8 In-kind contribution description (if applicable) Amigo Restaurant Fundraiser SPONSOR
6 Contributor address; City; State; Zip Code 100 N. Ochoa El Paso TX 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silvia Martinez	Amount of contribution (\$) \$87.21	In-kind contribution description (if applicable) Use of automobile \$.51/ per mile
Contributor address; City; State; Zip Code 1508 Rocky Bluff Dr. El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Cisneros	Amount of contribution (\$) \$200	In-kind contribution description (if applicable) Georgene Fundraiser Sponsor
Contributor address; City; State; Zip Code 2701 N. Stanton St El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna Aleman	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3431 Fort Blvd El Paso TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/7/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James A. and Zakina Lyle	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 720 Arizona Ave El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

SCHEDULE A

The Instruction Guide explains how to complete this form.

2011 APR 14 PM 3:39

Total pages Schedule A:

6

2 FILER NAME

Lyda Ness-Garcia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/11/2011

5 Full name of contributor out-of-state PAC (ID#)

Dand Quintanilla

6 Contributor address; City; State; Zip Code

1528 Sioux DR ste D
El Paso TX 79925

7 Amount of contribution (\$)

\$150.00

8 In-kind contribution description (if applicable)

Campaign
portrait

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/15/2011

Full name of contributor out-of-state PAC (ID#)

Laura Strathmann

Contributor address; City; State; Zip Code

1031 E. Rio Grande
El Paso TX 79902

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

CITY CLERK DEPT.

SCHEDULE E

2011 APR 14 PM 3:39

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:
1

2 FILER NAME **Lyda Ness-GARCIA** 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$ \$ **0**

5 Date of loan **3/17/2011** 7 Name of lender out-of-state PAC (ID#: _____) **The Law Offices of Lyda Ness-GARCIA PC** 9 Loan Amount (\$) **\$500.00**

6 Is lender a financial institution? **Y (N)** 8 Lender address; City; State; Zip Code **609 Myrtle #201
El Paso TX 79901** 10 Interest rate **n/a**
11 Maturity date **n/a**

12 Principal occupation / Job title (See Instructions) **Attorney** 13 Employer (See Instructions) **self-employed**

14 Description of Collateral none

15 GUARANTOR INFORMATION not applicable 16 Name of guarantor _____
17 Guarantor address; City; State; Zip Code _____ 18 Amount Guaranteed (\$) _____

19 Principal Occupation (See Instructions) _____ 20 Employer (See Instructions) _____

Date of loan **4/11/2011** Name of lender out-of-state PAC (ID#: _____) **The Law Offices of Lyda Ness-GARCIA PC** Loan Amount (\$) **\$2,000.00**

Is lender a financial institution? **Y (N)** Lender address; City; State; Zip Code **609 Myrtle #201
El Paso TX 79901** Interest rate **n/a**
Maturity date **n/a**

Principal occupation / Job title (See Instructions) **attorney** Employer (See Instructions) **self-employed**

Description of Collateral none

GUARANTOR INFORMATION not applicable Name of guarantor _____
Guarantor address; City; State; Zip Code _____ Amount Guaranteed (\$) _____

Principal Occupation (See Instructions) _____ Employer (See Instructions) _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 APR 14 PM 3:39

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME Lyda Ness-Garcia	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	---

4 Date 3/22/2011	5 Payee name TARGET
----------------------------	-------------------------------

6 Amount (\$) \$55.73	7 Payee address; City; State; Zip Code 801 Sunland Park Dr. # A El Paso TX 79912
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) office supplies	(b) Description (If travel outside of Texas, complete Schedule T) index cards and printer ink
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/19/2011	Payee name Best Buy
-------------------	------------------------

Amount (\$) \$16.21	Payee address; City; State; Zip Code Store # 237 El Paso TX 79925
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office supplies	Description (If travel outside of Texas, complete Schedule T) index cards and printing paper
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/24/2011	Payee name County Elections Department
-------------------	---

Amount (\$) \$5	Payee address; City; State; Zip Code 500 E. San Antonio El Paso TX 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) District Map
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/23/2011	Payee name Regency Printing Inc.
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Amount (\$) \$99.05	Payee address; City; State; Zip Code 2020 N. Piedras El Paso TX 79930
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING expense	Description (If travel outside of Texas, complete Schedule T) posters and push cards
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 APR 14 PM 3:39

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME Lyda Ness GARCIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/28/2011	5 Payee name Getsemani Yancez
----------------------------	---

6 Amount (\$) \$12.99	7 Payee address; City; State; Zip Code 3609 Fort Blvd El Paso TX 79930
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) meeting w/ constituents
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/31/2011	Payee name Eyedentity Image Solutions
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Amount (\$) \$80.00	Payee address; City; State; Zip Code 1035 Belvidere St #160 El Paso TX 79912
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) campaign t-shirts
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/8/2011	Payee name Rene Leon
------------------	-------------------------

Amount (\$) \$100.00	Payee address; City; State; Zip Code 1015 Prospect El Paso TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) campaign photography
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/7/2011	Payee name OFFICE DEPOT
------------------	----------------------------

Amount (\$) \$127.28	Payee address; City; State; Zip Code 1111 Geronimo Drive El Paso TX 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) office supplies	Description (If travel outside of Texas, complete Schedule T) paper, pens, highlighters, markers, calendar
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 APR 14 PM 3:39

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME Lyda Ness-GARCIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/6/2011	5 Payee name County Elections Department
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6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 500 E. San Antonio Ave. #402 El Paso TX 79901
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) District 1 Map
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/31/2011	Payee name Harold Clarke
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Amount (\$) \$26.06	Payee address; City; State; Zip Code 10931 Laureate Dr. San Antonio TX 78249
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Wells Fargo campaign CHECKS
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/28/2011	Payee name Gotprint.com
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Amount (\$) \$847.28	Payee address; City; State; Zip Code 7625 N. San Fernando Rd. Burbank CA 91505
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expenses	Description (If travel outside of Texas, complete Schedule T) door hangers
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/9/2011	Payee name Dollar General
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Amount (\$) \$8.12	Payee address; City; State; Zip Code 2400 N. Mesa A Suite El Paso TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) cable ties & duct tape
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 APR 14 PM 3:39

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME Lyda Ness - Garcia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/9/2011	5 Payee name Valero Corner Store
---------------------------	--

6 Amount (\$) \$5.97	7 Payee address; City; State; Zip Code 5600 Doniphan El Paso TX 79922
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) 3 bottles of water + gum
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/9/2011	Payee name Circle K
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Amount (\$) \$75.00	Payee address; City; State; Zip Code 2200 N. Mesa El Paso TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Equipment and Related Expense	Description (If travel outside of Texas, complete Schedule T) Vehicle Fuel
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/8/2011	Payee name Patricia Valdez
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Amount (\$) \$450.00	Payee address; City; State; Zip Code 605 N. Laurel St # C El Paso TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) campaign signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/23/2011	Payee name Eyedentity Image Solutions
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Amount (\$) \$48.00	Payee address; City; State; Zip Code 1035 Belvidere St #160 El Paso TX 79912
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) campaign tshirts
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 APR 14 PM 3:39

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME Lyda Ness-GARCIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/8/2011	5 Payee name Regency Printing
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6 Amount (\$) \$208.38	7 Payee address; City; State; Zip Code 2020 N. Piedras El Paso TX 79930
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) printing expense	(b) Description (If travel outside of Texas, complete Schedule T) push cards, thank yw notes
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/17/2011	Payee name Phidev Inc.
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Amount (\$) \$385.64	Payee address; City; State; Zip Code 444 E. Robinson El Paso TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expenses	Description (If travel outside of Texas, complete Schedule T) graphic design
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/12/2011	Payee name Albertson's
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Amount (\$) \$39.11	Payee address; City; State; Zip Code 3100 N. Mesa suite A El Paso TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/beverage expense	Description (If travel outside of Texas, complete Schedule T) meeting to discuss campaign issues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/13/2011	Payee name Patricia Valdez
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Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 605 N. Laurel St. #C El Paso TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) advertising expense	Description (If travel outside of Texas, complete Schedule T) campaign signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 APR 14 PM 3:39

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7		2 FILER NAME Lyda Ness - Garcia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/24/2011		5 Payee name Constant Contact			
6 Amount (\$) \$81.19		7 Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road, Waltham MA 02451			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) advertising expense		(b) Description (If travel outside of Texas, complete Schedule T) mailing lists database	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/14/2011		Payee name Plaza Automotive Center			
Amount (\$) \$26.75		Payee address; City; State; Zip Code 4110 N. mesa St. El Paso TX 79902			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) transportation related expense		Description (If travel outside of Texas, complete Schedule T) campaign vehicle inspection sticker	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/11/2011		Payee name USA Printing & Promotions			
Amount (\$) \$297.69		Payee address; City; State; Zip Code 7835 hwy 6 South Houston TX 77083			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) advertising expense		Description (If travel outside of Texas, complete Schedule T) yard signs and wire stands	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/7/2011		Payee name www.zoo printing.com			
Amount (\$) \$332.54		Payee address; City; State; Zip Code 5700 Bordini Blvd Commerce CA 90040			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) printing expenses		Description (If travel outside of Texas, complete Schedule T) graphic design printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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CITY CLERK DEPT.

POLITICAL EXPENDITURES

2011 APR 14 PM 3:39 SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME Lyda Ness-GARCIA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/4/2011	5 Payee name Piryx	
6 Amount (\$) \$9.00	7 Payee address; City; State; Zip Code 401 W. 15th street St. #520 Austin TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) transaction fee	(b) Description (If travel outside of Texas, complete Schedule T) assessed per online donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

MADE FROM PERSONAL FUNDS CITY CLERK DEPT.

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Office Overhead/Rental Expense
- Loan Repayment/Reimbursement
- Transportation Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Lyda Ness-GARCIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/10/2011	5 Payee name The City of El Paso
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6 Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Two Civic Center PLAZA El Paso TX 79901
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Candidate filing fee
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Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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