

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: 22
3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR FIRST MI LYDA A NICKNAME LAST SUFFIX NESS - GARCIA	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2801 N. FLORENCE EL PASO TX 79902	CITY CLERK DEPT. JUN - 2 PM 5:46	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 920-1849		
6 CAMPAIGN TREASURER NAME	(MS) MRS / MR FIRST MI CUERYL A NICKNAME LAST SUFFIX PRICE		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 609 Myrtle Ste 102 El Paso TX 79901		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 203 4605		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05 / 05 / 2011 06 / 01 / 2011		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 06 / 11 / 2011		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) CITY REPRESENTATIVE DT 1	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT **FORM C/OH**
SUPPORT & TOTALS **COVER SHEET PG 2**

CLERK DEPT.
 2011 JUN -2 PM 5:46

15 C/OH NAME _____ 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.

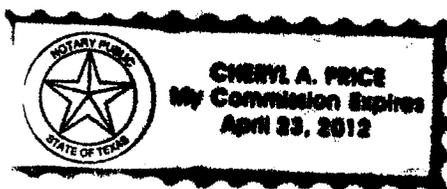
additional pages

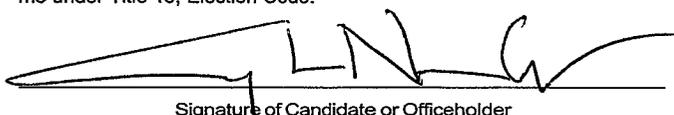
COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	TEXAS ASSOCIATION OF REALTORS (TREPAC)
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	P.O. BOX 2246 AUSTIN TX 78768
	COMMITTEE CAMPAIGN TREASURER NAME
	Ed Wolff
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	P.O. BOX 2246 AUSTIN TX 78768

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 250 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9151 ³³
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7347 ¹⁸
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	\$ 2500 ⁰⁰

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.



Signature of Candidate or Officeholder: 

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lyda A Ness Garcia, this the 2nd day of June, 20 2011, to certify which, witness my hand and seal of office.

Cheryl A. Price CHERYL A. PRICE NOTARY
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:46

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: 12 2 FILER NAME Lyda A. Ness - Garcia 3 ACCOUNT # (Ethics Commission Filers)

4 Date 05/18 5 Payee name Village Inn

6 Amount (\$) 38.70 7 Payee address; City; State; Zip Code
2929 Mesa
El Paso TX 79902

8 PURPOSE OF EXPENDITURE
 (a) Category (See categories listed at the top of this schedule) Food/Exp (b) Description (If travel outside of Texas, complete Schedule T) Volunteer Mtg
 Candidate / Officeholder name Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Date 5/18 Payee name Secretary of state

Amount (\$) 1.00 Payee address; City; State; Zip Code
1100 Congress
Austin TX 79901

PURPOSE OF EXPENDITURE
 Category (See categories listed at the top of this schedule) Fee Description (If travel outside of Texas, complete Schedule T) Research fee
 Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 5/18 Payee name Secretary of state

Amount (\$) 4.00 Payee address; City; State; Zip Code
1100 Congress
Austin TX 78701

PURPOSE OF EXPENDITURE
 Category (See categories listed at the top of this schedule) Fee Description (If travel outside of Texas, complete Schedule T) Research fee
 Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 05/26 Payee name Mills Plaza Parking

Amount (\$) 4.00 Payee address; City; State; Zip Code
123 West Mills
El Paso TX 79901

PURPOSE OF EXPENDITURE
 Category (See categories listed at the top of this schedule) Fees Description (If travel outside of Texas, complete Schedule T) Parking for Meeting
 Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:46

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: 12 2 FILER NAME Lyda A. Ness-Garcia 3 ACCOUNT # (Ethics Commission Filers)

4 Date 05/16 5 Payee name Sams Club

6 Amount (\$) 547 7 Payee address; City; State; Zip Code
87970 Mesa
El Paso TX 79932

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Travel in District (b) Description (If travel outside of Texas, complete Schedule T) Gas

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

Date 05/16 Payee name Burrito Factory

Amount (\$) 12.02 Payee address; City; State; Zip Code
4907 Crossroads
El Paso TX 79922

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food/Bev Exp Description (If travel outside of Texas, complete Schedule T) Volunteer food/Bev

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

Date 05/16 Payee name Rudys West Gas

Amount (\$) 48.68 Payee address; City; State; Zip Code
6401 S. Desert Blvd
El Paso TX 79912

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Travel in District Description (If travel outside of Texas, complete Schedule T) Gas

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

Date 05/16 Payee name Albertsons

Amount (\$) 258.72 Payee address; City; State; Zip Code
3100 N. Mesa
El Paso TX 79932

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Event Expense Description (If travel outside of Texas, complete Schedule T) Party expenses

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 04/21/2010

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:46

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: 12 2 FILER NAME Lyde A. Ness - Gracia 3 ACCOUNT # (Ethics Commission Filers)

4 Date 05/16 5 Payee name Los Colonies

6 Amount (\$) 1974 7 Payee address; City; State; Zip Code
2 Civic Center Plaza 1 El Paso TX 79901

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Food/Bev Exp (b) Description (If travel outside of Texas, complete Schedule T) Volunteers Food/Bev
Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Date 05/16 Payee name Albertsons

Amount (\$) 28⁹³ Payee address; City; State; Zip Code
3100 N. MESA El Paso TX 79932

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food/Bev Exp Description (If travel outside of Texas, complete Schedule T) Volunteer Food/Bev
Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Date 05/16 Payee name Starbucks

Amount (\$) 5⁹⁰ Payee address; City; State; Zip Code
2300 N. MESA El Paso TX 79912

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food/Bev Exp Description (If travel outside of Texas, complete Schedule T) Coffee for Volunteers
Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Date 05/16 Payee name Circle K

Amount (\$) 974 Payee address; City; State; Zip Code
650 N. Rester El Paso TX 79912

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food/Bev Exp Description (If travel outside of Texas, complete Schedule T) Volunteer Food/Bev
Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 04/21/2010

POLITICAL EXPENDITURES CITY CLERK DEPT. **SCHEDULE F**

2011 JUN -2 PM 5:46

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: 12 2 FILER NAME: Lyda A. Ness Garcia 3 ACCOUNT # (Ethics Commission Filers)

4 Date: 05/09 5 Payee name: Circle K

6 Amount (\$): 45.49 7 Payee address; City; State; Zip Code: 1400 Yandell El Paso TX 79902

8 PURPOSE OF EXPENDITURE: (a) Category: Travel in District (b) Description: Gas
Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name

Date: 05/09 Payee name: Albertsons

Amount (\$): 11.39 Payee address; City; State; Zip Code: 3100 N. Mesa El Paso TX 79932

PURPOSE OF EXPENDITURE: Category: Food/Bev Exp Description: Volunteers Food/Bev
Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name

Date: 05/11 Payee name: Wmataburger

Amount (\$): 16.88 Payee address; City; State; Zip Code: 2201 N. Mesa El Paso TX 79902

PURPOSE OF EXPENDITURE: Category: Food Bev Exp Description: Volunteers Food/Bev
Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name

Date: 05/13 Payee name: McDonalds

Amount (\$): 8.21 Payee address; City; State; Zip Code: 2401 N. Mesa El Paso TX 79902

PURPOSE OF EXPENDITURE: Category: Food Bev / exp Description: Volunteers Food/Bev
Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES CITY CLERK DEPT. **SCHEDULE F**
 2011 JUN -2 PM 5:46

- 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: 12 2 FILER NAME Luda A. Ness - Garza 3 ACCOUNT # (Ethics Commission Filers)

4 Date 05/06 5 Payee name Circle K

6 Amount (\$) 555 7 Payee address; City; State; Zip Code
7300 Mesa
EL PASO TX 79912

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Food/Bev Exp (b) Description (If travel outside of Texas, complete Schedule T) Food/Bev Volunteers
 Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Date 05/06 Payee name MCDONALDS

Amount (\$) 454 Payee address; City; State; Zip Code
2401 N. MESA
EL PASO TX 79902

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) FOOD/Bev Description (If travel outside of Texas, complete Schedule T) Volunteers Food/Bev
 Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Date 05/06 Payee name FINA 711

Amount (\$) 373 Payee address; City; State; Zip Code
4858 N. MESA
EL PASO TX 79912

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) FOOD/Bev Description (If travel outside of Texas, complete Schedule T) Volunteers Food/Bev
 Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Date 05/09 Payee name SAMS CLUB

Amount (\$) 50.01 Payee address; City; State; Zip Code
7970 MESA
EL PASO TX 79932

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT Description (If travel outside of Texas, complete Schedule T) Gas Volunteers
 Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:46

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 F: 12	2 FILER NAME Linda A. Ness-Garcia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/27	5 Payee name Dasis Snack Shop
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6 Amount (\$) 1.93	7 Payee address; City; State; Zip Code 501 Texas El Paso TX 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Bev Expense	(b) Description (If travel outside of Texas, complete Schedule T) Volunteer Food/Bev
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9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date 05/31	Payee name Walgreens
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Amount (\$) 5.47	Payee address; City; State; Zip Code 2800 N. Mesa El Paso TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bev Expense	Description (If travel outside of Texas, complete Schedule T) Volunteer food/Bev
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Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date 05/31	Payee name Whataburger
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Amount (\$) 6.26	Payee address; City; State; Zip Code 2201 N. Mesa El Paso TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bev Expense	Description (If travel outside of Texas, complete Schedule T) Volunteer Food/Bev
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Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date 05/31	Payee name McDonalds
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Amount (\$) 13.06	Payee address; City; State; Zip Code 2400 N. Mesa El Paso TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bev Expense	Description (If travel outside of Texas, complete Schedule T) Volunteer Food/Bev
------------------------	---	--

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 JUN -2 PM 5:46

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: 12 2 FILER NAME: Linda A. Ness Garcia 3 ACCOUNT # (Ethics Commission Filers):

4 Date: 05/31 5 Payee name: Panda Express

6 Amount (\$): 10.80 7 Payee address; City; State; Zip Code: 2725 MESA
EL PASO TX 79902

8 PURPOSE OF EXPENDITURE: Food/Bev Exp (a) Category (See categories listed at the top of this schedule): Food/Bev Exp (b) Description (If travel outside of Texas, complete Schedule T): Volunteer Food/Bev
Candidate / Officeholder name: Office sought: Office held:

9 Complete ONLY if direct expenditure to benefit C/OH

Date: 05/31 Payee name: Loney Island

Amount (\$): 48.36 Payee address; City; State; Zip Code: 4224 MESA
EL PASO TX 79902

PURPOSE OF EXPENDITURE: Food/Bev Exp Category (See categories listed at the top of this schedule): Food/Bev Exp Description (If travel outside of Texas, complete Schedule T): Volunteer Food/Bev
Candidate / Officeholder name: Office sought: Office held:

Complete ONLY if direct expenditure to benefit C/OH

Date: 06/01 Payee name: Whataburger

Amount (\$): 4.47 Payee address; City; State; Zip Code: 2201 N. MESA
EL PASO TX 79902

PURPOSE OF EXPENDITURE: Food/Bev Exp Category (See categories listed at the top of this schedule): Food/Bev Exp Description (If travel outside of Texas, complete Schedule T): Volunteer Food/Bev
Candidate / Officeholder name: Office sought: Office held:

Complete ONLY if direct expenditure to benefit C/OH

Date: 06/01 Payee name: 7-11

Amount (\$): 11.52 Payee address; City; State; Zip Code: 2112 N. MESA
EL PASO TX 79902

PURPOSE OF EXPENDITURE: Food/Bev Exp Category (See categories listed at the top of this schedule): Food/Bev Exp Description (If travel outside of Texas, complete Schedule T): Volunteer Food/Bev
Candidate / Officeholder name: Office sought: Office held:

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:46

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: 12	2 FILER NAME Lyda A Ness-Garcia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/31	5 Payee name Inkspress Urself
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6 Amount (\$) 116 ⁹¹	7 Payee address; City; State; Zip Code 611 Torey Pines Dr El Paso TX 79912
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Tshirts
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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 05/31	Payee name Regency Printing
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Amount (\$) 1309 ⁰⁰	Payee address; City; State; Zip Code 2313 N. Piedras El Paso TX 79930
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Mailers, labels, letters
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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 05/27	Payee name Go Direct
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Amount (\$) 730 ⁰⁰	Payee address; City; State; Zip Code 8400 Boeing Dr El Paso TX 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Postage/mailers
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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 05/26/11	Payee name Clearchannel
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Amount (\$) 250 ⁰⁰	Payee address; City; State; Zip Code 2305 Sparkman St El Paso TX 79903
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Billboards
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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.

2011 JUN -2 PM 5:46

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: 12	2 FILER NAME Lydo A. Ness-Garcia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/24	5 Payee name A Floral Dream
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6 Amount (\$) 500 ⁰⁰	7 Payee address; City; State; Zip Code 811 Wyoming El Paso TX 79905
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling expense	(b) Description (If travel outside of Texas, complete Schedule T) Sign placement
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/17	Payee name City of El Paso
---------------	-------------------------------

Amount (\$) 1 ¹⁰	Payee address; City; State; Zip Code 2 Civic Center Plaza 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) Copies
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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 05/13	Payee name District clerk
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Amount (\$) 16 ⁰⁰	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) Copies
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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 05/12	Payee name Andrew George Bradshaw
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Amount (\$) 50 ⁰⁰	Payee address; City; State; Zip Code 2801 N. Florence El Paso TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/Bev Expense	Description (If travel outside of Texas, complete Schedule T) Reimbursement poll food
------------------------	--	--

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 JUN -2 PM 5:46

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 F: 12	2 FILER NAME Lyda A. Ness-Garcia	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/12	5 Payee name City of El Paso
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6 Amount (\$) 179.40	7 Payee address; City; State; Zip Code 2 Civic Center Plaza El Paso TX 79901
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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) Copies
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/11	Payee name Clearchannel
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Amount (\$) 1250.00	Payee address; City; State; Zip Code 2305 Sparkman El Paso TX 79903
------------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/10	Payee name Daniel Rollings
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Amount (\$) 162.80	Payee address; City; State; Zip Code 504 Journey Ct El Paso TX 79912
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Bev Expense	Description (If travel outside of Texas, complete Schedule T) Reimbursement Party food
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/10	Payee name Revel Group
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Amount (\$) 481.90	Payee address; City; State; Zip Code 6006 N. Mesa St #502 El Paso TX 79912
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Robocall
------------------------	---	---

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 JUN -2 PM 5:46

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 F: 12 2 FILER NAME Lupla A. Ness - Granaa 3 ACCOUNT # (Ethics Commission Filers)

4 Date 06/02 5 Payee name Walgreens

6 Amount (\$) 14.88 7 Payee address; City; State; Zip Code
2800 N. Mesa
El Paso TX 79902

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Food/Bev Expense (b) Description (If travel outside of Texas, complete Schedule T) Volunteer Food/Bev
 Candidate / Officeholder name Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Date 06/02 Payee name Subway

Amount (\$) 3.25 Payee address; City; State; Zip Code
1830 Montana
El Paso TX 79902

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food/Bev Exp Description (If travel outside of Texas, complete Schedule T) Volunteer Food/Bev
 Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 06/02 Payee name Valero

Amount (\$) 3.31 Payee address; City; State; Zip Code
3100 N. Mesa
El Paso TX 79902

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food/Bev Exp Description (If travel outside of Texas, complete Schedule T) Volunteer Food/Bev
 Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

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)
 Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:46

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 12 2 FILER NAME Lyda A. Ness-Garcia 3 ACCOUNT # (Ethics Commission Filers)

4 Date 05/04 5 Payee name Andrew George Bradshaw

6 Amount (\$) 976 7 Payee address; City; State; Zip Code
2801 N. Florence
El Paso TX 79902

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
Food / Bev Expense Reimburse Bill food

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

Date 05/04 Payee name Go Direct

Amount (\$) 1528³⁸ Payee address; City; State; Zip Code
8400 Boeing Dr
El Paso TX 79925

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Advertising Mailing expense

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

Date 05/27 Payee name Square

Amount (\$) 6⁸⁸ Payee address; City; State; Zip Code
Squareup.com

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Accounting / Banking Credit card Processing

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

Date 05/02 Payee name Piryx

Amount (\$) 2²⁵ Payee address; City; State; Zip Code
Piryx.com

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Accounting / Banking Payment Process fee

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

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 JUN -2 PM 5:46

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Lyda A. Ness-Garcia</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>05/27</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ruz & Miguel Marquez</u> 6 Contributor address; City; State; Zip Code <u>1043 Castillo El Paso TX 79932</u>	7 Amount of contribution (\$) <u>100⁰⁰</u> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>05/27</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Alejandro & Herminia Lizarraga</u> Contributor address; City; State; Zip Code <u>918 W MISSOURI AVE El Paso TX 79902</u>	Amount of contribution (\$) <u>100⁰⁰</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>05/27</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Greg Bowling</u> Contributor address; City; State; Zip Code <u>5533 Woodfield Dr El Paso TX 79932</u>	Amount of contribution (\$) <u>300-</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>05/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ramiro Cordero</u> Contributor address; City; State; Zip Code <u>2132 East Glen El Paso TX 79936</u>	Amount of contribution (\$) <u>100⁰⁰</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>05/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Helen W. Knopp</u> Contributor address; City; State; Zip Code <u>5756 Box Eider El Paso TX 79932</u>	Amount of contribution (\$) <u>100⁰⁰</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 JUN -2 PM 5:46

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u>	
2 FILER NAME <u>Lyda A. Ness-Garcia</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>05/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steven Roehling</u>	7 Amount of contribution (\$) <u>30⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3408 Craig El Paso TX 79904</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>05/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Alfrank Catucci</u>	Amount of contribution (\$) <u>500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7221 Meridien El Paso TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>05/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James & Daisy Everhart</u>	Amount of contribution (\$) <u>250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>735 Espolon Dr El Paso TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>05/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Thomas & Mary Stanton</u>	Amount of contribution (\$) <u>200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4015 Santa Anita Dr El Paso TX 79902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>05/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Patrick Lara</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>501 N. Kansas St El Paso TX 79901</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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POLITICAL CONTRIBUTIONS CITY CLERK DEPT.
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

2011 JUN -2 PM 5:46

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Lyda A. Ness-Garcia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leslie Martinez	7 Amount of contribution (\$) 100 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4336 Donny Brook Pl El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Louie & Ana Aleman	Amount of contribution (\$) 50 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 05/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tara Lee Montagnino	Amount of contribution (\$) 40 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5765 Lawndale # B El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherman Barneh	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8913 Dirk Ct El Paso TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jose & Maria Vargas	Amount of contribution (\$) 40 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2117 Jonwood El Paso TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 JUN -2 PM 5:46

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Lyda Ness-Garcia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony & Ann Pearson	7 Amount of contribution (\$) 100 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 601 Blacker El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Silver	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1212 E. Baltimore El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponzio Properties	Amount of contribution (\$) 200 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4855 N. mesa El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariana Chew	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 420 Clayton Rd El Paso TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Wilson	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 357 La Mirada Cir El Paso TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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POLITICAL CONTRIBUTIONS CITY CLERK DEPT. **SCHEDULE A**
OTHER THAN PLEDGES OR LOANS 2011 JUN -2 PM 5:46

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Lyda A. Ness - Garcia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tortilla Productions 6 Contributor address; City; State; Zip Code 2905 Pershing El Paso TX 79903	7 Amount of contribution (\$) 2000-	8 In-kind contribution description (if applicable) Video Production <small>(If travel outside of Texas, complete Schedule T)</small>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Dipp Contributor address; City; State; Zip Code 100 N. Ochoa El Paso TX 79901	Amount of contribution (\$) 26 ⁹⁰	In-kind contribution description (if applicable) Water <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Dipp Contributor address; City; State; Zip Code 100 N. Ochoa El Paso TX 79901	Amount of contribution (\$) 200 ⁰⁰	In-kind contribution description (if applicable) Amigos Breakfast <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Lusk Contributor address; City; State; Zip Code 4708 Sir Gareth Dr El Paso TX 79902	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Wilson Contributor address; City; State; Zip Code 357 La Mirada Cir El Paso TX 79932	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable) Meet & Greet food <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 JUN -2 PM 5:46

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Lyda A. Ness-Garcia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Francis Keisling	7 Amount of contribution (\$) 60 ⁰⁰	8 In-kind contribution description (if applicable) Meet & Greet FOOD (If travel outside of Texas, complete Schedule T)
6 Contributor address; City; State; Zip Code 5701 Vista Linda St El Paso TX 79932			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID MARCUS	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable) Meet & Greet FOOD (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 442 Crown e Point Dr El Paso TX 79912			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven Silver	Amount of contribution (\$) 4 ⁰⁰	In-kind contribution description (if applicable) Tickets for Feast in Middleeast (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 1212 E Baltimore El Paso TX 79902			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Franz Felhaber	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 413 Lechugilla Ct El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Nicols	Amount of contribution (\$) 150 ⁰⁰	In-kind contribution description (if applicable) Video Editing (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 6300 Via Sema Dr El Paso TX 79912			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 JUN -2 PM 5:46

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Lyda A. Ness - Garcia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Assoc. of Realtors P.A.C.	7 Amount of contribution (\$) 2000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O BOX 2246 AUSTIN TX 78768		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Bonar	Amount of contribution (\$) 400⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6700 Villa Hermosa El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam & Dana Frank	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 801 River Oaks El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Richard Bonart	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5524 Loma De Cristo El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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CREDITS (optional)

CITY CLERK DEPT.

SCHEDULE K

2011 JUN -2 PM 5:46

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

Lyda A. Ness - Garuga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

05/19

5 Payor name

Secretary of State

8 Amount (\$)

1.00

6 Payor address; City; State; Zip Code

1019 Brazos Austin TX 78701

7 Reason for credit

RETURN

Date

04/13

Payor name

Square

Amount (\$)

.11

Payor address; City; State; Zip Code

Squareup.com

Reason for credit

Test deposit from creditcard.com

Date

04/13

Payor name

Square

Amount (\$)

.22

Payor address; City; State; Zip Code

Squareup.com

Reason for credit

test deposit from creditcard.com

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

Date

Payor name

Payor address; City; State; Zip Code

Reason for credit

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED