

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Lilia Beatriz "Lily" Limón

15 ACCOUNT # (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
2013 APR 11 PM 1:48

additional pages

17 CONTRIBUTION TOTALS

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

\$ *220.-*

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

\$ *12,942.-*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *522.11*

4. TOTAL POLITICAL EXPENDITURES

\$ *9,789.39*

CONTRIBUTION BALANCE

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

\$ *2,630.50*

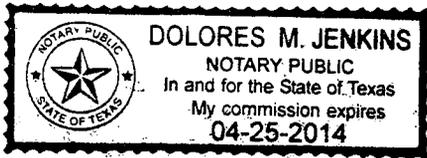
OUTSTANDING LOAN TOTALS

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

\$ *0*

18 AFFIDAVIT

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



Lilia B. Limón
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Lilia B. Limón*, this the *11th* day of *April*, 20 *13*, to certify which, witness my hand and seal of office.

Dolores M. Jenkins
Signature of officer administering oath

Dolores M. Jenkins
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT.

The Instruction Guide explains how to complete this form.

2013 APR 11 Total pages: 8 Schedule A: 7

2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02-27-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josefina González	7 Amount of contribution (\$) \$100.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6032 Palmdale, El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	

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

Date 02-27-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Martínez	Amount of contribution (\$) \$500.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11915 Manuel Acosta, El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02-25-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Duarte	Amount of contribution (\$) \$200.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4229 O'Keefe, El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 02-27-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmen St. John	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10249 Stoneway, 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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Date 02-27-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique Moreno	Amount of contribution (\$) \$2,000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 701 Magoffin El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

2,900

12,942

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT.

The Instruction Guide explains how to complete this form.

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1 Total pages Schedule A:

2 FILER NAME

Lilia Beatriz "Lily" Limón

3 ACCOUNT # (Ethics Commission Filers)

4 Date
02-27-13

5 Full name of contributor out-of-state PAC (ID#: _____)
Lisa Colquitt

7 Amount of contribution (\$) \$100.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
603 Upson Dr, El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
02-27-13

Full name of contributor out-of-state PAC (ID#: _____)
Elizabeth Robles

Amount of contribution (\$) \$100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1117 Del Norte St., El Paso, TX 79915

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02-27-13

Full name of contributor out-of-state PAC (ID#: _____)
Margarita Sánchez

Amount of contribution (\$) \$100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
8408 Lasso Circle, El Paso, TX 79907

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02-27-13

Full name of contributor out-of-state PAC (ID#: _____)
Luis Carlos Sandoval

Amount of contribution (\$) \$150.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
7670 Barton, El Paso, TX 79915

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02-27-13

Full name of contributor out-of-state PAC (ID#: _____)
Ascension Mena

Amount of contribution (\$) \$150.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4740 Cumberland Circle, El Paso, TX 79903

(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.

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POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT.

The Instruction Guide explains how to complete this form.

2013 APR 11 PM 1:48 Total pages Schedule A: 48

2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02-27-13	Ana Linda Moreno 6 Contributor address; City; State; Zip Code 510 E. University Ave El Paso, TX 79902	\$100.-	
9 Principal occupation / Job title (See Instructions)		10 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)
02-27-13	Gilbert D. Mena Contributor address; City; State; Zip Code 708 River Elms Dr, El Paso, TX 79922	\$200.-	
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)
02-27-13	Esther Rosencrans Contributor address; City; State; Zip Code 8937 Old County Dr, El Paso, TX 79907	\$200.-	
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)
02-27-13	Carla Monsisvais Contributor address; City; State; Zip Code 119 N. Schutz, El Paso, TX 79907	\$100.-	
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)
02-27-13	Laura Rosencrans Contributor address; City; State; Zip Code 8937 Old County Dr, El Paso, TX 79907	\$100.-	
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.

100

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

SCHEDULE A

2013 APR 11 PM 1:48

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Lilia Beatriz "Lily" Limón

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02-27-13

5 Full name of contributor

Triana Olivas

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1820 Andalucia A. El Paso, TX 79935

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02-27-13

Full name of contributor

Emma C. Spalding

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

920 Blanchard Ave El Paso, TX 79935

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02-27-13

Full name of contributor

Marta Durón Hernández

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10004 Saigon Ave. El Paso, TX 79925

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02-27-13

Full name of contributor

Maitha Y. Reyes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

436 Mockingbird, El Paso, TX 79907

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03-01-13

Full name of contributor

Dennis Bixler Marquez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1101 Stockwell Lane, 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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02-06-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul C. Moreno	7 Amount of contribution (\$) \$400.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2016 Atlanta Ave, El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02-28-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Jimenez	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2282 Sun Pebble Way, New Braunfels, TX 78130		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03-05-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Mowad	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3431 Proud Eagle, El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02-25-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alicia R. Chacón	Amount of contribution (\$) \$500.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8937A Old County Dr, El Paso, TX 79907		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02-24-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) José M. Limón	Amount of contribution (\$) \$1,000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1301 Lonewood Dr, El Paso, TX 79925		(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.

2/10/13

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT.

The Instruction Guide explains how to complete this form.

2013 APR 11 PM 1:48

2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03-12-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: José Luna	7 Amount of contribution (\$) \$1,000.-	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 11222 Enid Wilson, El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date 03-11-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Manny Soto	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 432 Sun Meadow Lane, El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 03-11-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leonor Soto	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1432 Sun Meadow Lane, El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 03-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Castro	Amount of contribution (\$) \$2,000.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3332 Wedgewood, 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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Date 03-19-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martin Silva	Amount of contribution (\$) \$500.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code PO Box 13571, El Paso, TX 79913		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

3700

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 APR 14 PM 1:18

The Instruction Guide explains how to complete this form.

Total pages Schedule A:

2 FILER NAME

Lilia Beatriz "Lily" Limón

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03-20-13

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

Othon Medina, Jr.

7 Amount of contribution (\$)

\$ 250.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2705 Doug Ford Dr. El Paso, TX 79935

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02-21-13

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

Iliana R. Limón

Amount of contribution (\$)

\$ 2,192.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

443 Opal Court Altamonte Springs, FL 32714

(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.

\$ 2442

CITY CLERK DEPT.
2013 APR 11 PM 1:48

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

CITY CLERK DEPT.

POLITICAL EXPENDITURES

2013 APR 11 PM 1:48

SCHEDULE F

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: 3	2 FILER NAME Lilia Beatriz "Lily" Limon	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 02-21-13	5 Payee name Postal Annex # 1168
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6 Amount (\$) 119.60	7 Payee address; City; State; Zip Code 2200 N. Yarbrough, Suite B El Paso, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Postage Stamps
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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 02-25-13	Payee name Julio's Cafe Corona
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Amount (\$) 718.30	Payee address; City; State; Zip Code 8050 Gateway Blvd E El Paso, TX 79907-1208
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Announcement Event Catering
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02-28-13	Payee name Fed Ex Office
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Amount (\$) 151.59	Payee address; City; State; Zip Code 1410 Lee Trevino Dr. El Paso, TX 79936
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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 Banner & Labels
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03-13-13	Payee name Blue Star Custom Uniforms
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Amount (\$) 2,205.59	Payee address; City; State; Zip Code 4302 Alameda Ave. El Paso, TX 79905-2604
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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 & Tee Shirts
------------------------	--	---

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

3195.08

9789.39

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2013 APR 11 PM 1:48

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: 3	2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03-14-13	5 Payee name Heriberto Tharra Photography	
6 Amount (\$) 175.00	7 Payee address; City; State; Zip Code 4528 Pershing El Paso, TX 79903	
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) Photo session for campaign material
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date 03-15-13	Payee name Smartz Printing
Amount (\$) 139.64	Payee address; City; State; Zip Code 6800 Gateway East, Bldg. 5 El Paso, TX
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense
	Description (If travel outside of Texas, complete Schedule T) Magnetic signs & cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name
	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date 03-17-13	Payee name Fed Ex Office
Amount (\$) 241.67	Payee address; City; State; Zip Code 410 Lee Trevino Dr. El Paso, TX 79936
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 Brochures
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name
	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date 03-21-13	Payee name Smartz Printing
Amount (\$) 300.00	Payee address; City; State; Zip Code 6800 Gateway East, Bldg 5 El Paso, TX
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 Brochures
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name
	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

856.31

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2013 APR 11 PM 1:48

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: 3	2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 02-26 thru 03-18	5 Payee name Fed Ex Office
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6 Amount (\$) 57.38	7 Payee address, City, State, Zip Code 1410 Lee Trevino Dr. El Paso, TX 79936
-------------------------------	---

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)
--------------------------	--	---

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

2013 APR 11 PM 1:48

SCHEDULE G

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 G:	2 FILER NAME <i>Lilia Beatriz "Lily" Limón</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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)
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH **CITY CLERK DEPT SCHEDULE H**

2013 APR 11 PM 1:48

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 H:	2 FILER NAME <i>Lilia Beatriz "Lily" Limón</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
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)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

CITY CLERK DEPT SCHEDULE I

2013 APR 11 PM 1:48

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 I:	2 FILER NAME <i>Lilia Beatriz "Lily" Limón</i>	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	--	---

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
---------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

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**INTEREST EARNED, OTHER CREDITS/GAINS,
REFUNDS, AND PURCHASE OF INVESTMENTS**

CITY CLERK DEPT
2013 APR 11 PM 1:48
SCHEDULE K

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

2 FILER NAME *Lilia Beatriz "Lily" Limón* 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS

2013 APR 11 PM 1:48

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK DEPT.
FORM C/OH - FR

CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT

2013 APR 11 PM 1:48

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME	2 ACCOUNT # (Ethics Commission Filers)
-------------	--

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder