

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	CITY CLERK DEPT. 7/15/2013 10:22:08 PM
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 840.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,170.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,277.26
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,821.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,281.91
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. Limon
*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jacqueline Leyva, this the 16 day of Jul, 20 13, to certify which, witness my hand and seal of office.

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/8/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iliana Limón Romero	7 Amount of contribution (\$) \$150	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 443 Opal Court Alt. Springs, FL 32714		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Romero	Amount of contribution (\$) \$150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 443 Opal Court Alt. Springs, FL 32714		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Biggs	Amount of contribution (\$) \$52	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5568 Salem Drive El Paso, TX 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maribel Martinez	Amount of contribution (\$) \$55	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11915 Manuel Acosta Dr El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Limón	Amount of contribution (\$) \$83	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1301Lonewood 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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

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2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/8/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hector Holguin	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 425 Camino Real Ave El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emma Spalding	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 820 Blanchard Ave. El Paso, TX, 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim and Nita Phillips	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 900 Thunderbird Dr. El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Analinda V. Moreno	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 510 E. University El Paso, TX, 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Esparza	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12233 Roberta Lynne 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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2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/8/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadalupe Arellano	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 249 Pasodale El Paso, TX 79907		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Leon	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12440 Sun Willow El Paso, TX 79938		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emma Acosta	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8904 WH Burges El Paso, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Federico and Margarita Sanchez	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8405 Lasso Circle El Paso, TX 79907		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emma Acosta	Amount of contribution (\$) \$140	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8904 WH Burges 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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2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/8/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Holguin	7 Amount of contribution (\$) \$150	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 241 Elvin Way El Paso, TX 79907		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann McAlmon	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 406 Blacker Ave El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramiro Guzman	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10218 Buckwood El Paso, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul C. Moreno	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2016 Atlanta Ave El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth McAlmon	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 N. Stanton #507 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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/8/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis C. Johnson	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 201 E. Main St. Suite 1600, El Paso, TX, 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Aureliano Spencer Jr.	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1009 Montana Ave. El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfonso L Melendez	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2 Via Placita El Paso, TX 79927		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley P. Jobe	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1150 Southview Dr. El Paso, TX 79928		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irene Epperson	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5400 Silent Sun Ln. El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/13/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie and George Wayne	7 Amount of contribution (\$) \$350	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5555 Westside Dr. El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talina and John Fields	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6385 Franklin Trail El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Builders Association	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6345 Surety Dr. El Paso, TX 79905		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AFSCME	Amount of contribution (\$) \$1,250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7838 L St. Washington, DC, 20036		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliana Apodaca and W. Stafford Thurmond	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 605 Las Playas 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 OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

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2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/22/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosa Guerrero, Inc.	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3815 Savannah El Paso, TX 79930		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert and Marta Fierro	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code CMR 420 Box 2277 APO, AE 09063		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally and Gregory Deitch	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 712 Waltham Ct El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Aguilar	Amount of contribution (\$) \$150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3414 Montana El Paso, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Porras	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 359 W Vinton Vinton, TX 79821		(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

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2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/14/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susana Dorado	7 Amount of contribution (\$) \$400	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 600 El Parque El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith Ponce	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3428 Clearview 3428 Clearview		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte Ponce	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1814 Jerry Abbott El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trey Ponce	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3428 Clearview El Paso, TX 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceci Ponce	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3428 Clearview El Paso, TX 79904		(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

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/15/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony Ponce	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3428 Clearview El Paso, TX 79904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Ortega	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6713 Morningside El Paso, TX 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iliana Limón Romero	Amount of contribution (\$) \$3,000	In-kind contribution description (if applicable) Graphic design work.
Contributor address; City; State; Zip Code 443 Opal Ct Alt. 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 <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)	
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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PLEGGED CONTRIBUTIONS

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SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
1

2 FILER NAME
Lilia Beatriz "Lily" Limón

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code	0	
		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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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LOANS

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SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1

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)
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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 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
---	---	---------------------------

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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES	CITY CLERK DEPT. 7/15/2013 10:22:08 PM	SCHEDULE F
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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: 6	2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/8/2013	5 Payee name Marissa Gutierrez
---------------------------	--

6 Amount (\$) \$84	7 Payee address; City; State; Zip Code 621 Don Paco Drive, San Elizario, TX 79849
------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salary	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Staff
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/8/2013	Payee name Vivian Rojas
------------------	----------------------------

Amount (\$) \$150	Payee address; City; State; Zip Code 7861 Jersey, El Paso, TX 79915
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T) Campaign Staff
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/11/2013	Payee name Tom Gonzales
-------------------	----------------------------

Amount (\$) \$120	Payee address; City; State; Zip Code 509 Legacy Court, El Paso, TX 79912
----------------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/8/2013	Payee name Alejandra Quezada
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Amount (\$) \$88	Payee address; City; State; Zip Code 12337 Tierra Limpia, El Paso, TX 79938
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T) Campaign Staff
------------------------	--	---

Complete <u>ONLY</u> 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. 7/15/2013 10:22:08 PM	SCHEDULE F
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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: 6	2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/12/2013	5 Payee name Go Direct Mailing
----------------------------	--

6 Amount (\$) \$1,111.48	7 Payee address; City; State; Zip Code 8400 Boeing Dr. El Paso, TX 79925
------------------------------------	--

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) Addressed bulk mailout
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/12/2013	Payee name KVIA
-------------------	--------------------

Amount (\$) \$1,602.25	Payee address; City; State; Zip Code 4140 Rio Bravo Street, El Paso, TX 79902
---------------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/10/2013	Payee name Lunch Box
-------------------	-------------------------

Amount (\$) \$100	Payee address; City; State; Zip Code 667 N. Carolina, El Paso, TX 79915
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If travel outside of Texas, complete Schedule T) Campaign workers food
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/13/2013	Payee name David's Pennants
-------------------	--------------------------------

Amount (\$) \$340.99	Payee address; City; State; Zip Code 9911 Carnegie Ave 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) Campaign signs
------------------------	---	---

Complete <u>ONLY</u> 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. 7/15/2013 10:22:08 PM	SCHEDULE F
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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: 6	2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/14/2013	5 Payee name AUS Services
----------------------------	-------------------------------------

6 Amount (\$) \$3,373.03	7 Payee address; City; State; Zip Code 2020 Mills, El Paso, TX 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing expense	(b) Description (If travel outside of Texas, complete Schedule T) Mailer
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/14/2013	Payee name Vivian Rojas
-------------------	----------------------------

Amount (\$) \$180	Payee address; City; State; Zip Code 7861 Jersey, El Paso, TX 79915
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T) Campaign staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/17/2013	Payee name Dunkin Donuts
-------------------	-----------------------------

Amount (\$) \$88.59	Payee address; City; State; Zip Code 1105 N Yarbrough Dr, El Paso, TX ? 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If travel outside of Texas, complete Schedule T) Campaign staff food
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/17/2013	Payee name Lillie's Bakery
-------------------	-------------------------------

Amount (\$) \$110.00	Payee address; City; State; Zip Code 7708 Alameda, El Paso, TX 79915
-------------------------	---

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

Complete <u>ONLY</u> 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. 7/15/2013 10:22:08 PM	SCHEDULE F
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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: 6	2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/17/2013	5 Payee name Lunch Box
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6 Amount (\$) \$741.73	7 Payee address; City; State; Zip Code 667 N Carolina Dr, El Paso, TX ? 79915
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food	(b) Description (If travel outside of Texas, complete Schedule T) Campaign staff food
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/17/2013	Payee name Ted Carrasco
-------------------	----------------------------

Amount (\$) \$356.00	Payee address; City; State; Zip Code 704 Yorkshire Ct, El Paso, TX 79922
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T) Campaign staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/17/2013	Payee name Corner Bakery
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Amount (\$) \$581.30	Payee address; City; State; Zip Code 1144 North Yarbrough Drive El Paso, TX 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food	Description (If travel outside of Texas, complete Schedule T) Campaign staff food
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/15/2013	Payee name Alejandra Quezada
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Amount (\$) \$388.00	Payee address; City; State; Zip Code 12337 Tierra Limpia, El Paso, TX 79938
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T) Campaign staff
------------------------	--	---

Complete <u>ONLY</u> 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. 7/15/2013 10:22:08 PM	SCHEDULE F
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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: 6	2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/18/2013	5 Payee name Arturo Valdespino
----------------------------	--

6 Amount (\$) \$130	7 Payee address; City; State; Zip Code 1211 Roswell, El Paso TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salary	(b) Description (If travel outside of Texas, complete Schedule T) Campaign staff
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/16/2013	Payee name Jesus Larriva
-------------------	-----------------------------

Amount (\$) \$98.40	Payee address; City; State; Zip Code 2914 Seabreeze, El Paso, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T) Campaign staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/19/2013	Payee name Marissa Gutierrez
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Amount (\$) \$392.00	Payee address; City; State; Zip Code 621 Don Paco Drive, San Elizario, TX 79849
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T) Campaign staff
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/19/2013	Payee name Alex Zarate
-------------------	---------------------------

Amount (\$) \$120.00	Payee address; City; State; Zip Code 10053 Imperial El Paso, TX 79924
-------------------------	--

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

Complete <u>ONLY</u> 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. 7/15/2013 10:22:08 PM	SCHEDULE F
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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: 6	2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/20/2013	5 Payee name Leo Marketing
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6 Amount (\$) \$500	7 Payee address; City; State; Zip Code 2422 Montana Ave Suite C, El Paso, TX 79903
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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) Marketing
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/24/2013	Payee name Sierra Public Affairs
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Amount (\$) \$339.05	Payee address; City; State; Zip Code 277 Flowerite, El Paso, TX 79932
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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) Robo calls
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/25/2013	Payee name Vivian Rojas
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Amount (\$) \$350.00	Payee address; City; State; Zip Code 7861 Jersey, El Paso, TX 79915
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T) Campaign staff
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/9/2013	Payee name Vivian Rojas
------------------	----------------------------

Amount (\$) \$200	Payee address; City; State; Zip Code 7861 Jersey, El Paso, TX 79915
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salary	Description (If travel outside of Texas, complete Schedule T) Campaign staff
------------------------	--	---

Complete <u>ONLY</u> 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

CITY CLERK DEPT.

7/15/2013 10:22:08 PM

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 Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name NONE
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6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee 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)
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

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

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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

CITY CLERK DEPT.

7/15/2013 10:22:08 PM

SCHEDULE H

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 Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name NONE	
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.

7/15/2013 10:22:08 PM

SCHEDULE I

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 I:	2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name NONE	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
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	
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.)
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.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

CITY CLERK DEPT.

7/15/2013 10:22:08 PM

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 1
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2 FILER NAME Lilia Beatriz "Lily" Limón	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Name of person from whom amount is received NONE	8 Amount (\$) \$0
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK DEPT.

7/15/2013 10:22:08 PM

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1
2 FILER NAME Lilia Beatriz "Lily" Limón		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee NONE		
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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

CITY CLERK DEPT.

7/15/2013 10:22:08 PM

FORM C/OH - FR

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

Lilia Beatriz "Lily" Limón

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.

Lilia Limón

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.

Lilia Limón

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.

Lilia Limón

Signature of Officeholder