

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: A
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Lilia	MI B.
	NICKNAME Lily	LAST Limon	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 1301 Lonewood Dr. El Paso, TX	APT / SUITE #;	CITY; STATE; ZIP CODE 79925
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (915)	PHONE NUMBER 253-1616
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Alicia	MI R.
	NICKNAME Rosencrans	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 8937A Old County Rd. El Paso TX		CITY; STATE; ZIP CODE 79905
	8 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 534-7438
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 01	Day 01	Year 14
11 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE
	/ /		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) El Paso District 7 City Representative.	13 OFFICE SOUGHT (if known)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Lilia B Lily Limón</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

None

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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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Lilia B. Lily Limon</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>01-23-14</i>	5 Payee name <i>DMRS</i>	
6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code <i>2400 E. Yandell Dr. El Paso, TX 79903</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense/Ad.</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Ad in program</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>01-31-14</i>	Payee name <i>McDonald's</i>	
Amount (\$) <i>\$75.00</i>	Payee address; City; State; Zip Code <i>1100 Yarbrough El Paso, TX 79925</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Student Awards</i>	Description (If travel outside of Texas, complete Schedule T) <i>Gift certificates for Career Day</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>03-20-14</i>	Payee name <i>Sam Flax</i>	
Amount (\$) <i>\$57.31</i>	Payee address; City; State; Zip Code <i>1800 East Colonial Drive Orlando, FL 32803</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office supplies</i>	Description (If travel outside of Texas, complete Schedule T) <i>Pledge of allegiance scrapbook</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>03-20-14</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>\$58.04</i>	Payee address; City; State; Zip Code <i>7174 West Colonial Drive W. Orlando, FL 32818</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office supplies</i>	Description (If travel outside of Texas, complete Schedule T) <i>Scrapbook materials</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME _____ 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ _____
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ _____
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ 440.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1159.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

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.

Lelia B. Lemón
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lelia B. Lemón, this the 15th day of July, 20 14, 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