FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085995 14 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Lisa J. NAME Date Received **ELECTRONICALLY FILED** 07/01/2023 NICKNAME LAST **SUFFIX** Soto CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 12307 MAILING Amount Receipt # **ADDRESS** El Paso, TX 79913 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Paul A. NAME NICKNAME LAST **SUFFIX** Thompson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** PO Box 12307 **ADDRESS** (Residence or Business) El Paso, TX 79913 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 443-5544 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 2 District 8

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Soto, Lisa J. (The Ho	norable)	14 Filer ID 00085995	(Ethics Comm	ission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without of d officeholders are required to report this information	the candidate's or offic	eholder's knov	vledge or
Additional Pages	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THANES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBUTIONS		\$	0.00
EXPENDITURE	 	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	S)	<u>.</u>	
TOTALS	o. To the ottine.	LED FOLITIONE EXCENSIONES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	771.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	80,328.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$	60,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Ho	norable Lisa J. Soto	1	
		Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		_ day
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administerin	g oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 14
l	ER NAN to, Lisa	J. (The Honorable)	19 Filer ID 00085995	(Ethics Commission Filers)
20 SC NA	HEDULI ME OF :	SUBTOTAL AMOUNT		
1.			\$	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 50,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 771.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this f	orm.		ages Schedule E(J): 4 Rpt: 4/14
2	FILER NAME Soto, Lisa J. (Th	e Honorable)		3 Filer ID 000859	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS			\$
5	Date of loan 06/16/2023	7 Name of lender	C (ID#:)	9 Loan Amount (\$) \$12,500.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	El Paso, TX 79901			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		
	business		CFO		
14	Lender's Employer Soto Enterprises		15 Law Firm of lender's spous	e (if any)	
16	If lender is child, la	w firm of parent(s) (if any)	L		
17	Description of Coll X None	ateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
23	X not applicable Guarantor's Princi	21 Guarantor address; City; State;	Zip Code Zip Code		
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)			

	LOANS (J	UDICIAL)			SCHEDULE E(J)	
	The Instruction	on Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 2/4 Rpt: 5/14		
2	FILER NAME Soto, Lisa J. (Th	e Honorable)		3 Filer ID 000859	(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			\$	
5	Date of loan 06/16/2023	7 Name of lender Out-of-state PA Soto, Josefina	C (ID#:)	9 Loan Amount (\$) \$12,500.00	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
	No	El Paso, TX 79901			11 Maturity Date	
12	Lender's Principal	Occupation	13 Lender's Job Title		•	
	business admini	stration	Administrator			
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)		
	Soto Enterprises	s, Inc.				
16	If lender is child, la	w firm of parent(s) (if any)				
17	Description of Coll	ateral	18 Check if personal funds we	ere deposited	d into political account	
	X None				(See Instructions)	
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)	
	X not applicable	21 Guarantor address; City; State;	Zip Code			
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title			
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's spouse (if any)			
27	If guarantor is child	d, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this f	orm.		iges Schedule E(J): 4 Rpt: 6/14
2	FILER NAME Soto, Lisa J. (Th	e Honorable)		3 Filer ID 000859	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 06/16/2023	7 Name of lender out-of-state PA Soto, Joseph	C (ID#:)	9 Loan Amount (\$) \$12,500.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	El Paso, TX 79901			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		
	business		CEO		
14	Lender's Employer Soto Enterprises		15 Law Firm of lender's spous	e (if any)	
16	If lender is child, la	w firm of parent(s) (if any)	<u> </u>		
17	Description of Coll X None	ateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
23	X not applicable Guarantor's Princi	21 Guarantor address; City; State;	Zip Code Zip Code		
		od Godpalo	2. 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
27	If guarantor is child	d, law firm of parent(s) (if any)			

	LOANS (J	UDICIAL)			SCHEDULE E(J)	
	The Instruction	n Guide explains how to complete this f	orm.		ages Schedule E(J): '4 Rpt: 7/14	
2	FILER NAME Soto, Lisa J. (Th	e Honorable)		3 Filer ID 000859	(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS			\$	
5	Date of loan 06/26/2023	7 Name of lender Out-of-state PA Soto, Stephanie	C (ID#:		9 Loan Amount (\$) \$12,500.00	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
	No	San Jose, CA 95127			11 Maturity Date	
12	Lender's Principal	Occupation	13 Lender's Job Title		•	
	mental healthcar	re	therapist			
14	Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	e (if any)		
16	If lender is child, la	w firm of parent(s) (if any)				
17	Description of Coll X None	ateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)	
10	GUARANTOR	20 Name of guarantor			22 Amount Guaranteed (\$)	
13	INFORMATION	20 Name of guarantor			22 Amount Guaranteeu (\$)	
22	X not applicable	21 Guarantor address; City; State;	Zip Code Zip Code			
	Guarantor's Princi					
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
27	If guarantor is child	d, law firm of parent(s) (if any)				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		ee Le	gal Services	·		Vages	/Contract Labor		OTHER (enter	a category not listed	above)
				he Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILE	ER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 1/5 Rpt: 8/14	Sot	to, Lisa J. (The Honorab	le)					00085995		
4	Date	5 Pay	/ee name									
	01/14/2023	Apa	artment Ide	eas								
6	Amount (\$)	7 Pay	/ee address	; City;	State:	; Zip Co	de					
	\$588.88	924	4 Raynolds	;								
		EI F	Paso, TX 7	9903								
8	PURPOSE			Categories listed at t	the ten of this sch	odulo)	(b)	Description				
	OF		itations	categories listed at t	uie top of this scri	edule)	` ´		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livir	ng expense	
								investiture inv	/ita	tionsdesi	gn, printing, ar	nd mailing
9	Complete ONLY if direct		didate/Office	holder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date	Pay	/ee name									
	01/14/2023	Squ	uarespace									
	Amount (\$)	Pay	ee address/	; City;	State;	; Zip Co	de					
	\$105.22	8 C	larkson St									
		NY.	, NY 1001	4								
	PURPOSE			Categories listed at t			(h)	Description				
	OF		vertising E		tne top of this sch	edule)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE	/ (0)	vertioning L	Aperise				Check if Austin,	, TX,	officeholder livir	ng expense	
								member area	IS W	ebsite cos	ts	
	Complete ONLY if direct		didate/Office	holder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	H										
	Date	Pay	/ee name									
	06/16/2023	Squ	uarespace									
	Amount (\$)	Pay	/ee address	; City;	State;	; Zip Co	de					
	\$6.50	8 C	Clarkson St									
		NY	, NY 1001	4								
	PURPOSE			Categories listed at t	the ton of this sob	edule)	(b)	Description				
	OF		vertising E		are top or and son	eddie)	` ´		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		3					_		officeholder livir	ng expense	
								monthly work	spa	ace fee		
	Complete ONLY if direct		didate/Office	holder name		Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	⊣										
1												

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 9/14	Soto, Lisa J. (The Honorable) 00085995
4	Date	5 Payee name
	02/17/2023	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.50	8 Clarkson St.
		NY, NY 10014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		monthly workspace fee
		montally workspace to
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/17/2023	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.50	8 Clarkson St.
		NY, NY 10014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		monthly workspace fee
		monthly workspace fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
F	Date	Payee name
	04/17/2023	Squarespace
H	Amount (\$)	Payee address; City; State; Zip Code
	\$6.50	8 Clarkson St.
	Ψ0.30	o Glarkson St.
		NY, NY 10014
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		monthly workspace fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/5 Rpt: 10/14 Soto, Lisa J. (The Honorable) 00085995 4 Date Payee name 05/17/2023 Squarespace 6 Amount (\$) Payee address; City; State; Zip Code \$6.50 8 Clarkson St. NY, NY 10014 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense monthly workspace fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/20/2023 Squarespace Amount (\$) Payee address; City; State; Zip Code \$6.50 8 Clarkson St. NY, NY 10014 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense monthly workspace fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/02/2023 Squarespace Amount (\$) Payee address: City: State; Zip Code \$7.58 8 Clarkson St. NY, NY 10014 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense website services fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 11/14	Soto, Lisa J. (The Honorable)		00085995
4	Date	5 Payee name		<u>'</u>
	03/03/2023	Squarespace		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$7.58	8 Clarkson St.		
		NY, NY 10014		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense website services fee
				Website services lee
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	tht	Office held
	expenditure to benefit C/O		gc	C.II.GC II.GC
⊨	Date	Payee name		
	04/03/2023	Squarespace		
-	Amount (\$)	Payee address; City; State; Zip Cod	de.	
	\$7.58	8 Clarkson St.	uc	
l	Ψ1.00	o olaricon da		
l		NY, NY 10014		
⊢	PURPOSE		(h)	Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(6)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
l				website services fee
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
┡				
	Date	Payee name		
	05/02/2023	Squarespace		
l	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$7.58	8 Clarkson St.		
l				
		NY, NY 10014		
l	PURPOSE OF	, ,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
l				website services fee
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services		Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor		Travel in Distric Travel Out of Di	
L	•			The Instruction Guide	e explains	how to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAMI	E				3	Filer ID	(Ethics Commission Filers)
l	Sch: 5/5 Rpt: 12/14		Soto, Lisa	J. (The Honorable)					00085995	
4	Date	5	Payee name	<u> </u>						
l	06/02/2023		Squarespa							
Ļ		Ŀ				7: 0 !				
6	Amount (\$)	7	Payee addre	-	State;	Zip Code				
l	\$7.58		8 Clarkson	St.						
l										
l			NY, NY 100	014						
8	PURPOSE	(a)	Catagony			(h) Description			
ľ	OF	(",	Advertising	See Categories listed at the to	op of this sch	edule)		el outs	side of Texas. Con	nplete Schedule T.
l	EXPENDITURE		Auvertising	Lybelise					(, officeholder livin	
l							website serv	/ice	s fee	
l										
9	Complete ONLY if direct	<u> </u>	Candidate/Off	ficeholder name		I Office sough	<u> </u>		Office h	Δld
ľ	expenditure to benefit C/OI		ourididate/on	icenoider name		Jilice Jougii	•		Omice ii	Ciu
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	OUTSTAN	IDING LOANS		SCHEDULE L
	The Instruction	n Guide explains how to complete this form.	1	Total pages Schedule L: Sch: 1/2 Rpt: 13/14
2	FILER NAME Soto, Lisa J. (Th	e Honorable)	3	Filer ID (Ethics Commission Filers) 00085995
	LENDER INFORMATION	4 Name of lender Soto, Ed		
		5 Lender address; City; State; Zip Code		
		El Paso, TX 79901		
	GUARANTOR INFORMATION	6 Name of guarantor		
	X not applicable	7 Guarantor address; City; State; Zip Code		
	LENDER INFORMATION	Name of lender Soto, Josefina		
		Lender address; City; State; Zip Code El Paso, TX 79901		
	GUARANTOR INFORMATION	Name of guarantor		
	X not applicable	Guarantor address; City; State; Zip Code		
	LENDER INFORMATION	Name of lender Soto, Joseph		
		Lender address; City; State; Zip Code		
	GUARANTOR	El Paso, TX 79901		
	INFORMATION	Name of guarantor		
	X not applicable	Guarantor address; City; State; Zip Code		
l				

	OUTSTAN	IDING LOANS	SCHEDULE L
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 2/2 Rpt: 14/14
	FILER NAME Soto, Lisa J. (Th	ne Honorable)	3 Filer ID (Ethics Commission Filers) 00085995
	LENDER INFORMATION	4 Name of lender Soto, Lisa	,
		5 Lender address; City; State; Zip Code	
	CHARANTOR	El Paso, TX 79913	
	GUARANTOR INFORMATION	6 Name of guarantor	
[X not applicable	7 Guarantor address; City; State; Zip Code	
	LENDER INFORMATION	Name of lender Soto, Stephanie	
		Lender address; City; State; Zip Code	
		San Jose, CA 95127	
	GUARANTOR INFORMATION	Name of guarantor	
[X not applicable	Guarantor address; City; State; Zip Code	