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) 00061857 33 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Lyda A. NAME Date Received **ELECTRONICALLY FILED** 02/25/2024 NICKNAME LAST **SUFFIX** Ness-Garcia CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** The Honorable Lyda A. NAME NICKNAME LAST **SUFFIX** Ness-Garcia **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 920-1849 **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) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge Place EL Paso District 383 El Paso District Judge Place El Paso District 383

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Ness-Garcia, Lyda A	(The Honorable)	14 Filer ID 00061857	(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 I officeholders are required to report this informatio	the candidate's or offic	eholder's knov	vledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBUTIONS		\$	10,679.51
EXPENDITURE	·	PLEDGES, LOANS, OR GUARANTEES OF LOAN ZED POLITICAL EXPENDITURES	(S)		
TOTALS		ZES I GENTONE EN ENSITONES		\$	0.00
		ICAL EXPENDITURES		\$	3,011.58
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	44,573.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	16,785.43
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		The Honora	ıble Lyda A. Ness-G	arcia	
		Signature of	f Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the		_ day
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administerin	g oath
-	Č	5		·	-

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

					3 of 33
_	ER NAM	ME cia, Lyda A. (The Honorable)	19 Filer ID 00061857	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE	,	SL	JBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	10,679.51
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	_
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	3,011.58
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.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	550.52
12	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A Sch: 1/9 Rpt: 4/33 2 FILER NAME Ness-Garcia, Lyda A. (The Honorable) 4 Date O2/16/2024 Schedule A O2/16/2024 O2/16/202	
Ness-Garcia, Lyda A. (The Honorable) 4 Date	J)1:
4 Date 02/16/2024 5 Full name of contributor	ssion Filers)
02/16/2024 Claudio Flores Jr PC 6 Contributor address; City; State; Zip Code El Paso, TX 79901 8 Contributor's Principal Occupation 9 Contributor's Job Title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Date 02/11/2024 Full name of contributor out-of-state PAC (ID#:	
El Paso, TX 79901 8 Contributor's Principal Occupation 9 Contributor's Job Title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Date O2/11/2024 Eastside Democrats Contributor address; City: State; Zip Code El Paso, TX 79936 Contributor's employer/law firm Law firm of contributor of Contributor of Contributor of Contributor's Job Title Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date O1/30/2024 Full name of contributor out-of-state PAC (ID#:	B)
El Paso, TX 79901 8 Contributor's Principal Occupation 9 Contributor's Job Title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Date O2/11/2024 Eastside Democrats Contributor address; City; State; Zip Code El Paso, TX 79936 Contributor's employer/law firm Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date O1/30/2024 Full name of contributor out-of-state PAC (iD#:	\$600.00
8 Contributor's Principal Occupation 9 Contributor's Job Title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date O2/11/2024	
10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date O2/11/2024	
Date Full name of contributor Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) Date Eastside Democrats Contributor address; City; State; Zip Code	
Date Full name of contributor out-of-state PAC (ID#:	
O2/11/2024 Eastside Democrats Contributor address; City; State; Zip Code El Paso, TX 79936 Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date O1/30/2024 Full name of contributor out-of-state PAC (ID#:) El Paso Municipal Police Offciers (PAC) Contributor address; City; State; Zip Code	
O2/11/2024 Eastside Democrats Contributor address; City; State; Zip Code El Paso, TX 79936 Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date O1/30/2024 Full name of contributor out-of-state PAC (ID#:) El Paso Municipal Police Offciers (PAC) Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code El Paso, TX 79936 Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date 01/30/2024 Full name of contributor out-of-state PAC (ID#:	\$100.00
El Paso, TX 79936 Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date O1/30/2024 Full name of contributor out-of-state PAC (ID#:	Ψ100.00
If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#:) El Paso Municipal Police Officiers (PAC) Contributor address; City; State; Zip Code	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (01/30/2024 El Paso Municipal Police Offciers (PAC) Contributor address; City; State; Zip Code	
01/30/2024 El Paso Municipal Police Offciers (PAC) Contributor address; City; State; Zip Code	
01/30/2024 El Paso Municipal Police Offciers (PAC) Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	B)
	\$1,000.00
El Paso, TX 79901	
Contributor's Principal Occupation Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/9 Rpt: 5/33
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Ness-Garcia	, Lyda A. (The Honorable)				00061857
4	Date 01/30/2024	Full name of contributorEl Paso Sheriff's OfficerContributor address; City;)	7	Amount of Contribution (\$) \$500.00
		El Paso, TX 79901				
8	Contributor's I	outor's Principal Occupation 9 Contributor's Job Title		9 Contributor's Job Title	<u>I </u>	
10	0 Contributor's employer/law firm			11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	O1/30/2024 Gonzalez, Daniel Contributor address; City; State; Zip Code				\$200.00	
		El Paso, TX 79902				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Daniel Gonz	alez Attorney at Law				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/30/2024	Herta Law Firm				\$150.00
		Contributor address; City; El Paso, TX 79936	State; Zip Code		•	
\vdash	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/9 Rpt: 6/33
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Ness-Garcia	a, Lyda A. (The Honorable)		00061857
4	Date 02/16/2024	 Full name of contributor	<u>+)</u>	7 Amount of Contribution (\$) \$500.00
		El Paso, TX 79901		
8	Contributor's	ntributor's Principal Occupation 9 Contributor's Job Title		•
	Attorney		Attorney	
10		employer/law firm Attorney at Law	11 Law firm of contributor's s	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	<i>ֈ</i> . \	Amount of Contribution (\$)
	02/16/2024	Joe Aureliano Spencer Jr Atorney and Counse		\$150.00
		Contributor address; City; State; Zip Code		
		El Paso, TX 79902	T - "	
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	Amount of Contribution (\$)
	02/14/2024	Law Office of Gabriel Perez		\$150.00
Contributor address; City; State; Zip Code				
	Contributoria	El Paso, TX 79902	Contributor's Job Title	1
	Contributors	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	ction Guide explains hov	v to complete this 1	form.		ges Schedule A(J)1 Rpt: 7/33	L:	
2	FILER NAME Ness-Garcia	ı, Lyda A. (The Honorable)			3 Filer ID 000618!	(Ethics Commissi 57	on Filers)	
4	Date 02/20/2024	5 Full name of contributor Martinez, Irma6 Contributor address; City; S	out-of-state PAC (ID#:_)	7 Amount o	of Contribution (\$)	\$485.05	
	El Paso, TX 79902							
8		Principal Occupation		9 Contributor's Job Title	•			
L	Retired Retired O Contributor's employer/law firm 11 Law firm of contributor's sp			(f)				
10	10 Contributor's employer/law firm Retired 11 Law firm of contributor's sp			oouse (if any)				
12		s a child, law firm of parent(s) (if	any)					
L								
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount o	of Contribution (\$)			
	02/20/2024	O2/20/2024 Michelle Smith Attorney at Law PC Contributor address; City; State; Zip Code					\$1,000.00	
	El Paso, TX 79901							
	Contributor's I	Principal Occupation		Contributor's Job Title				
Contributor's employer/law firm Law firm			Law firm of contributor's sp	oouse (if any)				
	If contributor i	s a child, law firm of parent(s) (if	any)					
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount o	of Contribution (\$)		
	02/17/2024	Monarch, Richard					\$48.06	
Contributor address; City; State; Zip Code Hull, MA 02045								
Н	Contributor's I	I Principal Occupation		Contributor's Job Title				
	Retired Union Plumber Boston Local 12			Retired				
Contributor's employer/law firm		Law firm of contributor's sp	oouse (if any)					
L	Retired							
	If contributor i	s a child, law firm of parent(s) (if a	any)					

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 5/9 Rpt: 8/33
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Ness-Garcia	, Lyda A. (The Honorable)				00061857
4	Date 02/17/2024	5 Full name of contributor Patoski, Jake6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$48.06
		POrtland, OR 97520				
8	Contributor's I	Contributor's Principal Occupation 9 Contributor's Job Title				
	Digital Marke			Digital Marketer		
10		Contributor's employer/law firm 11 Law firm of contributor's s			าดนร	se (if any)
	Digital Market			, , ,	(i a.i.j)	
12	If contributor is	s a child, law firm of parent(s) (if	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)
	02/18/2024 Ramirez, Enriquez Contributor address; City; State; Zip Code			\$200.00		
		El Paso, TX 79901				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Enrique Ran	nirez Attorney at Law				
	If contributor is	s a child, law firm of parent(s) (if	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/14/2024	Rios, Erica	_			\$242.52
		Contributor address; City; El Paso, TX 79901	State; Zip Code		•	
	Contributor's F	rincipal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Attorney					
	If contributor is	s a child, law firm of parent(s) (if	f any)	1		

Contributor's Principal Occupation Managing Partner South of Contributor's Spouse (if any)		MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)			
Ness-Garcia, Lyda A. (The Honorable) 00061857		The Instru	ction Guide explains ho	ow to complete this	form.	1		• • •	:	
Date Ozio	2	FILER NAME				3	Filer ID (Ethi	cs Commission	on Filers)	
Rocha-Vanderpool, Siria \$250.00		Ness-Garcia	, Lyda A. (The Honorable)				00061857			
El Paso, TX 79912 8 Contributor's Principal Occupation Managing Partner 10 Contributor's employer/law firm Atlantis Behavioral Health Services 12 If contributor is a child, law firm of parent(s) (if any) Date Occupation Ronconi, Healther Contributor PAC (ID#: Attorney Attorney Attorney Attorney Attorney Contributor's Principal Occupation Attorney at Law firm of parent(s) (if any) Date Occupation Attorney at Law firm of parent(s) (if any) Date October Principal Occupation Attorney at Law firm of parent(s) (if any) Date October Principal Occupation Attorney at Law firm of parent(s) (if any) Date October Principal Occupation Attorney at Law firm of contributor's spouse (if any) Date October Principal Occupation Occupation Attorney at Law firm of contributor's spouse (if any) Date Occupation October Occupation October Oct	4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Cor	ntribution (\$)		
El Paso, TX 79912 S Contributor's Principal Occupation Managing Partner 11 Law firm of contributor's spouse (if any)		02/18/2024	Rocha-Vanderpool, Siri	a					\$250.00	
8 Contributor's Principal Occupation Managing Partner 10 Contributor's employer/law firm Atlantis Behavioral Health Services 12 If contributor is a child, law firm of parent(s) (if any) Date O2/08/2024 Full name of contributor of parent(s) (if any) EI Paso, TX 79902 Contributor's employer/law firm Atlantis Behavioral Health Services EI Paso, TX 79902 Contributor's Principal Occupation Attorney Contributor is a child, law firm of parent(s) (if any) Date O2/02/2024 Full name of contributor out-of-state PAC (ID#			6 Contributor address; City;	State; Zip Code						
Managing Partner 10 Contributor's employer/law firm Atlantis Behavioral Health Services 12 If contributor is a child, law firm of parent(s) (if any) Date 02/08/2024 Full name of contributor out-of-state PAC (ID#:			El Paso, TX 79912							
10 Contributor's employer/law firm Atlantis Behavioral Health Services 12 If contributor is a child, law firm of parent(s) (if any) Date 02/08/2024 Contributor address; City; State; Zip Code El Paso, TX 79902 Contributor's employer/law firm Heather Ronconi Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date 02/02/2024 Full name of contributor Ronconi, Heather Contributor's Principal Occupation Attorney Law firm of contributor's spouse (if any) Amount of Contributor's parent (s) (if any) Date 02/02/2024 Full name of contributor address; City; State; Zip Code Full name of contributor out-of-state PAC (ID#: October State PAC (ID#: Oc	8	Contributor's I	Principal Occupation		9 Contributor's Job Title					
Atlantis Behavioral Health Services 12 If contributor is a child, law firm of parent(s) (if any) Date O2/08/2024 Full name of contributor					Managing PArtner					
Date O2/08/2024 Full name of contributor out-of-state PAC (ID#:	10				11 Law firm of contributor's s	spou	se (if any)			
Date 02/08/2024 Full name of contributor out-of-state PAC (ID#:		Atlantis Beh	avioral Health Services							
O2/08/2024 Ronconi, Heather \$500.00 Contributor address; City; State; Zip Code El Paso, TX 79902 Contributor's Principal Occupation Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Heather Ronconi Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date O2/02/2024 Ronconi Attorney at Law Full name of contributor out-of-state PAC (ID#:	12	If contributor i	s a child, law firm of parent(s) (i	f any)						
Contributor's Principal Occupation Attorney Contributor's Principal Occupation Attorney Contributor's employer/law firm Heather Ronconi Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date 02/02/2024 Rosales Law Firm Contributor address; City; State; Zip Code El Paso, TX 79902 Contributor's Principal Occupation Contributor's Principal Occupation Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any)		Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Cor	ntribution (\$)		
El Paso, TX 79902 Contributor's Principal Occupation Attorney Contributor's employer/law firm Heather Ronconi Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date 02/02/2024 Rosales Law Firm Contributor address; City; State; Zip Code El Paso, TX 79902 Contributor's employer/law firm Contributor's employer/law firm Law firm of contributor (\$) \$1,000.00		02/08/2024	Ronconi, Heather	<u> </u>					\$500.00	
Contributor's Principal Occupation Attorney Contributor's employer/law firm Heather Ronconi Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date 02/02/2024 Rosales Law Firm Contributor address; City; State; Zip Code Contributor's Principal Occupation Contributor's employer/law firm Contributor's employer/law firm Contributor's employer/law firm Law firm of contributor's spouse (if any) Amount of Contribution (\$) \$1,000.00 Contributor's Principal Occupation Contributor's spouse (if any)		Contributor address; City; State; Zip Code		State; Zip Code						
Contributor's Principal Occupation Attorney Contributor's employer/law firm Heather Ronconi Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date 02/02/2024 Rosales Law Firm Contributor address; City; State; Zip Code Contributor's Principal Occupation Contributor's employer/law firm Contributor's employer/law firm Contributor's employer/law firm Law firm of contributor's spouse (if any) Amount of Contribution (\$) \$1,000.00 Contributor's Principal Occupation Contributor's spouse (if any)				•						
Contributor's Principal Occupation Attorney Contributor's employer/law firm Heather Ronconi Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date 02/02/2024 Rosales Law Firm Contributor address; City; State; Zip Code Contributor's Principal Occupation Contributor's employer/law firm Contributor's employer/law firm Contributor's employer/law firm Law firm of contributor's spouse (if any) Amount of Contribution (\$) \$1,000.00 Contributor's Principal Occupation Contributor's spouse (if any)										
Contributor's Principal Occupation Attorney Contributor's employer/law firm Heather Ronconi Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date 02/02/2024 Rosales Law Firm Contributor address; City; State; Zip Code Contributor's Principal Occupation Contributor's employer/law firm Contributor's employer/law firm Contributor's employer/law firm Law firm of contributor's spouse (if any) Amount of Contribution (\$) \$1,000.00 Contributor's Principal Occupation Contributor's spouse (if any)			El Paso. TX 79902							
Attorney Contributor's employer/law firm Heather Ronconi Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date 02/02/2024 Rosales Law Firm Contributor address; City; State; Zip Code EI Paso, TX 79902 Contributor's Principal Occupation Contributor's employer/law firm Contributor's employer/law firm Law firm of contributor's spouse (if any) Amount of Contribution (\$) \$1,000.00 Contributor's Principal Occupation Contributor's spouse (if any)		Contributor's I	l		Contributor's Job Title					
Contributor's employer/law firm Heather Ronconi Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date 02/02/2024 Rosales Law Firm Contributor address; City; State; Zip Code EI Paso, TX 79902 Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) Amount of Contribution (\$) \$1,000.00 Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)			Timolpan Goodpanon							
Heather Ronconi Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date			employer/law firm			ะทดม	se (if anv)			
Date O2/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Contributor address; City; State; Zip Code EI Paso, TX 79902 Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any)						рос	oo (ay)			
Date O2/02/2024 Full name of contributor out-of-state PAC (ID#:			<u>-</u>	f any)						
O2/02/2024 Rosales Law Firm \$1,000.00 Contributor address; City; State; Zip Code El Paso, TX 79902 Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)		ii continuator i	o a orma, law mm or parendoy (. arry)						
Contributor address; City; State; Zip Code El Paso, TX 79902 Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)		Date	Full name of contributor	out-of-state PAC (ID#:		T	Amount of Cor	ntribution (\$)		
El Paso, TX 79902 Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)		02/02/2024	Rosales Law Firm						\$1,000.00	
Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)			Contributor address; City;	State; Zip Code		"				
Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)										
Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)										
Contributor's employer/law firm Law firm of contributor's spouse (if any)			El Paso, TX 79902							
		Contributor's I	Principal Occupation		Contributor's Job Title					
If contributor is a child, law firm of parent(s) (if any)		Contributor's	employer/law firm		Law firm of contributor's s	spou	se (if any)			
If contributor is a child, law firm of parent(s) (if any)										
		If contributor i	s a child, law firm of parent(s) (i	f any)						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J			
	The Instru	ction Guide explains ho	ow to complete this t	form.	1	otal pages Schedule A(J)1: ch: 7/9 Rpt: 10/33			
2	FILER NAME				3 Fi	er ID (Ethics Commission I	Filers)		
	Ness-Garcia	a, Lyda A. (The Honorable)			00	0061857			
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Ar	mount of Contribution (\$)			
	02/15/2024	Sam Flores Law Firm				\$:	1,940.20		
		6 Contributor address; City;	State; Zip Code						
		El Paso, TX 79903							
8	Contributor's I	Principal Occupation		9 Contributor's Job Title					
10	10 Contributor's employer/law firm 11 Law firm of contribut			11 Law firm of contributor's s	pouse (if any)			
12	! If contributor i	s a child, law firm of parent(s) (i	if any)						
_	Date	Full name of contributor	out-of-state PAC (ID#:	,	ΙΔr	mount of Contribution (\$)			
	02/17/2024	Schild, Kitty (The Honor	—				\$100.00		
	Contributor address; City; State; Zip Code						Ψ100.00		
		,	, , , , , , , , , , , , , , , , , , , ,						
		El Paso, TX 79912							
	Contributor's I	Principal Occupation		Contributor's Job Title	•				
	Retired Judg	ре		Retired Judge					
		employer/law firm		Law firm of contributor's s	pouse (if any)			
	Retired								
	If contributor i	s a child, law firm of parent(s) (i	if any)						
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ar	mount of Contribution (\$)			
	02/18/2024	Spencer Trial Attorneys					\$250.00		
		Contributor address; City;	State; Zip Code		"]				
		El Paso, TX 79902							
	Contributor's I	Principal Occupation		Contributor's Job Title					
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)			
	If contributor i	s a child, law firm of parent(s) (i	of anyl						
	ii contributor i	s a criliu, iaw ilitii or parerii(s) (i	ii diiy)						

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/9 Rpt: 11/33
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Ness-Garcia	ı, Lyda A. (The Honorable)				00061857
4	Date 02/17/2024	Full name of contributor Teixera, JuanaContributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		El Paso, TX 79902				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Financial Ad	visor		Financial Advisor		
10	10 Contributor's employer/law firm Citibank 11 Law firm of co			11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f anv)			
		o a oa, iam o . par o(o) (i	,,			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/21/2024	Theard, Franz				\$500.00
		Contributor address; City; El Paso, TX 79902	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Physician	- Inicipal Occupation		Retired		
	-	employer/law firm		Law firm of contributor's sp	0011	co (if any)
	Retired	sinployer/law iiiiii		Law iiiiii oi continuttoi 3 3	,ou.	se (ii diiy)
		s a child, law firm of parent(s) (i	f any)			
	ii contributor i	s a crima, law iiiiii or parcrii(s) (i	i arry)			
=	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/08/2024	Torres, Rosendo	_			\$500.00
Contributor address; City; State; Zip Code				•		
	0	El Paso, TX 79902		Occidente de Joh Tide		
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		and the sun of
		employer/law firm rres Attorney at Law		Law firm of contributor's sp	ous	se (if any)
			f any)			
	ii contributor ii	s a child, law firm of parent(s) (i	rany)			

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 9/9 Rpt: 12/33
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Ness-Garcia	, Lyda A. (The Honorable)				00061857
4	Date 02/15/2024	5 Full name of contributor Valenzuela, Felix6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$97.62
		El Paso, TX 79901				
8	Contributor's I	Contributor's Principal Occupation 9 Contributor's Job Title			•	
	Attorney Attorney					
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Felix Valenzuela Attorney at Law					
12	! If contributor is	s a child, law firm of parent(s) (if	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
02/24/2024 Wearmouth, Hope Contributor address; City; State; Zip Code			<u>.</u>	\$50.00		
		El Paso, TX 79925		1		
		Principal Occupation		Contributor's Job Title		
	Retired			Teacher		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
_		s a child, law firm of parent(s) (if	· any)			
	ii continuator i	s a cilliu, iaw iiiiii oi pareiii(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/17/2024	Wolfe, Jan				\$18.00
Contributor address; City; State; Zip Code El Paso, TX 79912				1		
\vdash	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Retired			Writer and director		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (if	any)			

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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 1/17 Rpt: 13/33	Ness-Garcia, Lyda A. (The Honorable) 00061857	
4	Date	5 Payee name	_
	02/08/2024	787 Coffee	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$6.00	2419 N. Stanton	
		El Paso, TX 79902	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Coffee volunteers	
		Conce volunteers	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	the state of the s	
-	Date	Payee name	=
	02/13/2024	787 Coffee	
-	Amount (\$)	Payee address; City; State; Zip Code	-
	\$28.00	2419 N. Stanton	
	,		
l		El Paso, TX 79902	
⊢	PURPOSE		_
l	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		coffee volunteers	
┡			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
⊨	· 		_
	Date	Payee name	
L	01/31/2024	ActBlue	_
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	366 Summer St	
		Companillo MA 00144	
		Somerville, MA 02144	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		National Democratic Party	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	1	

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 2/17 Rpt: 14/33	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	02/02/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	366 Summer St
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Diden Sampaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Davida marra
	02/12/2024	Payee name ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	366 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		National Dem Party
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/30/2024	Albertsons
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.81	3100 N. Mesa
		El Paso, TX 79902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Drinks, snacks and food for senior centers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 3/17 Rpt: 15/33	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	02/05/2024	Albertsons
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.51	3100 N. Mesa
		El Paso, TX 79902
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Volunteers
		Volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/20/2024	Albertsons
H	Amount (\$)	Payee address; City; State; Zip Code
	\$23.31	3100 N. Mesa
	Ψ23.31	3100 N. MESA
		FI Dana TV 70000
		El Paso, TX 79902
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snacks volunteers
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/20/2024	Albertsons
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$7.48	3100 N. Mesa
		El Paso, TX 79902
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Starbucks in Albertsons Coffee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment			s/Contract Labor	OTHER (enter a ca	tegory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID (Ethics Commission Filers)
Sch: 4/17 Rpt: 16/33	Ness-Garcia, Lyda A. (The	e Honorable)		00061857	
4 Date	5 Payee name				
02/21/2024	Albertsons				
6 Amount (\$) \$31.96	7 Payee address; City; 3100 N. Mesa	State; Zip Code			
	El Paso, TX 79902				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Food/Beverage Expense	the top of this schedule) (b)	=	tside of Texas. Comple	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought		Office held	I
Date	Payee name				
02/02/2024	Alon Gas				
Amount (\$) \$8.96	Payee address; City; 4140 N. Mesa	State; Zip Code			
	El Paso, TX 79902				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Food/Beverage Expense	the top of this schedule) (b)	=	tside of Texas. Comple	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought		Office held	I
Date	Payee name				
02/08/2024	Amazon				
Amount (\$) \$3.24	Payee address; City; 410 Terry Ave N	State; Zip Code			
	Seattle, TX 98109				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Office Overhead/Rental Ex	· · · / I		tside of Texas. Comple 'X, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought		Office held	l

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee 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: 5/17 Rpt: 17/33 Ness-Garcia, Lyda A. (The Honorable) 00061857 4 Date Payee name 02/13/2024 Amazon 6 Amount (\$) Payee address; City; State; Zip Code \$12.98 410 Terry Ave N Seattle, TX 98109 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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/30/2024 Autozone Amount (\$) Payee address; City; State; Zip Code \$62.76 2400 Mesa Dr El Paso, TX 79902 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Charge battery for volunteer and oil Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/30/2024 Autozone Amount (\$) Payee address: City; State; Zip Code \$7.57 2400 Mesa Dr El Paso, TX 79902 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Polling Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense tiptoes Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 6/17 Rpt: 18/33	Ness-Garcia, Lyda A. (The Honorable) 00061857	
4	Date	5 Payee name	_
	01/31/2024	Bank Of America	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$2.50	330 N. Mesa	
		El Paso, TX 79901	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Bank fee	
		Bankie	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	02/02/2024	Bank Of America	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2.50	330 N. Mesa	
	42.00	oss in mosa	
		El Paso, TX 79901	
H	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Banking fee	
L			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L	experience to some or ex		_
	Date	Payee name	
	02/12/2024	Boss Chicken	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.79	6140 N. Mesa	
L		EL Paso, TX 79912	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		block walkers	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
Г			
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ment Solicitation/Fundraising Expense
nse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Content a colorograph and listed above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/17 Rpt: 19/33	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	01/26/2024	Chipotle
6	Amount (\$) \$47.63	7 Payee address; City; State; Zip Code 2900 N. Mesa
		El Paso, TX 79902
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for block walker
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2024	Circle K gas
	Amount (\$) \$50.29	Payee address; City; State; Zip Code 2200 N. Mesa
		El Paso, TX 79902
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2024	Constant Contact
	Amount (\$) \$79.95	Payee address; City; State; Zip Code 1601 Trapelo
		Waltham , MA 02451
-	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense email
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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)

02/12/2024 Costco gas 6 Amount (\$) 7 Payee address; City; State; Zip Code	ı Filers)
4 Date 5 Payee name Costco gas 6 Amount (\$) 7 Payee address; City; State; Zip Code	
02/12/2024 Costco gas 7 Payee address; City; State; Zip Code	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
+47.00 0.4 0.4 DL I	
\$47.00 6101 Gateway Blvd	
El Paso, TX 79925	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Travel In District Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
Gas volunteers	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
02/13/2024 Domino's pizza	
Amount (\$) Payee address; City; State; Zip Code	
\$37.94 2601 N. Mesa	
El Paso, TX 79902	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense dinner volunteers	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
expenditure to benefit C/OH	
Date Payee name	
Date Payee name 02/20/2024 Domino's pizza	
Date Payee name 02/20/2024 Domino's pizza Amount (\$) Payee address; City; State; Zip Code	
Date Payee name 02/20/2024 Domino's pizza	
Date Payee name 02/20/2024 Domino's pizza Amount (\$) Payee address; City; State; Zip Code \$26.73 2601 N. Mesa	
Date 02/20/2024 Payee name Domino's pizza Amount (\$) Payee address; City; State; Zip Code 2601 N. Mesa EI Paso, TX 79902	
Date 02/20/2024 Payee name 02/20/2024 Domino's pizza Amount (\$) Payee address; City; State; Zip Code \$26.73 2601 N. Mesa El Paso, TX 79902 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense	
Date 02/20/2024 Payee name Domino's pizza Amount (\$) Payee address; City; State; Zip Code 2601 N. Mesa El Paso, TX 79902 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
Date 02/20/2024 Payee name Domino's pizza Amount (\$) Payee address; City; State; Zip Code \$26.73 Payee address; City; State; Zip Code EI Paso, TX 79902 PURPOSE OF FOOD/Beverage Expense (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description	
Date 02/20/2024 Payee name Domino's pizza Amount (\$) Payee address; City; State; Zip Code \$26.73 \$26.73 Purpose OF EXPENDITURE Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Date 02/20/2024 Domino's pizza Amount (\$) Payee address; City; State; Zip Code \$26.73 EI Paso, TX 79902 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer food Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Date 02/20/2024 Payee name Domino's pizza Amount (\$) Payee address; City; State; Zip Code 2601 N. Mesa El Paso, TX 79902 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer food	
Date 02/20/2024 Domino's pizza Amount (\$) Payee address; City; State; Zip Code \$26.73 EI Paso, TX 79902 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer food Complete ONLY if direct Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		et legory not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (I	Ethics Commission Filers)
1	Sch: 9/17 Rpt: 21/33	Ness-Garcia, Lyda A. (The Honorable) 00061857	Eurica Commission Friera)
4	Date	5 Payee name	
	02/12/2024	El Paso Bar Association	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.20	500 E. San Antonio	
		El Paso, TX 79901	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete	te Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living ex	pense
		El paso Bar candidate forum	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	П	
	Date	Payee name	
	02/20/2024	Fengcha	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.48	7470 Cimarron Market Ave	
		El Paso, TX 79911	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete	
		Check if Austin, TX, officeholder living ex Tea volunteers	pense
		rea volunteers	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	.	T -	
	Date	Payee name	
	02/09/2024	Glias Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.56	4841 Alberta Ave	
		El Paso, TX 79901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LXI ENDITORE	Check if Austin, TX, officeholder living ex	pense
		Coffee volunteers	
_	Operation ON V. V. P	Our liste to 10 ff a balder over	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 10/17 Rpt: 22/33	Ness-Garcia, Lyda A. (The Honorable)		00061857	
4	Date	5 Payee name			
	02/12/2024	Glias Coffee			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$12.45	4841 Alberta Ave			
		El Paso, TX 79901			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		el outs	side of Texas. Com	plete Schedule T.
	EXPENDITORE			(, officeholder living	expense
		Coffee volu	ıntee	ers	
_	Opening ONE V if dispert	Our distance (Office Includes a name of the control		06:	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eia
	Date	Payee name			
	02/15/2024	Glias Coffee			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$8.47	4841 Alberta Ave			
		El Paso, TX 79901			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 Ood/Develage Expense		side of Texas. Com	
		Coffee volu		(, officeholder living	expense
		Conce void	111100	.10	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld .
	expenditure to benefit C/O				
	Date	Payee name			
	02/05/2024	Little Ceasars			
	Amount (\$) \$46.30	Payee address; City; State; Zip Code 2500 N. Mesa			
	Ψ+0.50	2300 IV. IVICSU			
		El Dece TV 70002			
		El Paso, TX 79902			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	ol outs	side of Texas. Com	nloto Schodulo T
	EXPENDITURE	1 000/Develage Expense		(, officeholder living	
		Senior Cen	iters		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
_					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 11/17 Rpt: 23/33	Ness-Garcia, Lyda A. (The Honorable) 00061857	
4	Date	5 Payee name	_
l	02/12/2024	Martha's Cafe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$25.53	122 S. Mesa	
l			
l		El Paso, TX 79901	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense lunch volunteers	
l		Million Volunteers	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
F	Date	Payee name	_
l	02/21/2024	McDonalds	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$13.29	2401 N. Mesa	
l	¥20.20		
l		El PAso, TX 79902	
┝	PURPOSE		
l	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Volunteers	
L			
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit Great		
l	Date	Payee name	
L	01/29/2024	Michaels	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$50.47	811 Sunland Park	
l			
		El Paso, TX 79902	
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Guide ε	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 12/17 Rpt: 24/33	Ness-Garcia	a, Lyda A. (The Hon	orable)				00061857	
4	Date	5 Payee name							
	02/01/2024	Michel, Perl	a						
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip C	ode				
	\$244.00	521 Texas							
		El Paso, TX	79902						
8	PURPOSE OF	(a) Category (Se	e Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Polling Expe	ense			=		de of Texas. Com officeholder living	plete Schedule T.
						Signs	, 17,	omeenolder hving	у схропос
						3			
9	Complete ONLY if direct	Candidate/Offic	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	02/02/2024	Michel, Perl	a						
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
	\$62.25	521 Texas							
		El Paso, TX	79902						
	PURPOSE OF		e Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Reimbursen	nent			=		de of Texas. Com officeholder living	plete Schedule T. g expense
						Materials & g		omocnoidor non (, σ.φσσσ
						J			
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	Η							
	Date	Payee name							
	01/29/2024	New York D	eli Inc						
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$28.12	4108 N. Mes	sa						
		El Paso, TX	79902						
	PURPOSE	(a) Category (Se	e Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bevera	age Expense						plete Schedule T.
						Lunch for volu		officeholder living	g expense
						Landin Ioi Voli	ai il	0010	
_	Complete ONLY if direct	Candidate/Offic	ceholder name	Office so	l ught			Office he	eld
	expenditure to benefit C/O				J -				
_									

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense

	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: 13/17 Rpt: 25/33	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	02/20/2024	New York Deli Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.11	4108 N. Mesa
		El Paso, TX 79902
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food volunteers
		1 ood volunteers
Ļ	Commiste ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┕	·	
l	Date	Payee name
	02/08/2024	Old Sheepdog
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.88	3900 Rosa
		El Paso, TX 79905
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Stonewall Democrats candidate forum
		Stonewall Democrats candidate forum
┡	Operation ONE V if dispert	Occasional Office health and a second of the
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	01/31/2024	Panda Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.17	13910 Horizon
		Horizon City, TX 79928
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
1		Food for volunteers
L	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritate to bottom 0/01	•

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	sion Filers)
L	Sch: 14/17 Rpt: 26/33		ia, Lyda A. (The Ho	norable)				00061857		
4	Date	5 Payee name	е							
	02/05/2024	Panera								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$52.64	6470 N. De	esert Blvd							
		El Paso, T	X 79912							
8	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense					officeholder living	plete Schedule T. a expense	
						Food volunte				
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
H	Date	Payee name								
	01/29/2024	Salt & Hon								
H	Amount (\$)	Payee addr	-	State; Zip C	ode					
	\$5.79	1125 Texa	•	State, Zip C	ouc					
	Ψ0.113	I IIZO TOXO	3							
		El Paso, T	X 79901							
	PURPOSE OF	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense			=		de of Texas. Com officeholder living	plete Schedule T.	
						Coffee Volunt			у схренае	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	l ught			Office he	eld	
L										
	Date	Payee name	9							
	01/26/2024	Starbucks								
	Amount (\$)	Payee addr		State; Zip C	ode					
	\$10.20	2300 N. M	esa							
		El Paso, T	X 79902							
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense						plete Schedule T.	
						Coffee for blo		officeholder living	g expense	
						Jones for blo	νOR	TAINCI		
\vdash	Complete ONLY if direct	I Candidate/∩f	ficeholder name	Office so	<u>l</u> uaht			Office h	eld	
	expenditure to benefit C/OI			311100 301	agiit			Omoc III	···	
\vdash										
L										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 15/17 Rpt: 27/33	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	02/16/2024	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	2300 N. Mesa
		El Paso, TX 79902
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Coffee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/08/2024	Starburgers
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.13	3900 Rosa Ave
		El Paso, TX 79905
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Stonewalls event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/07/2024	Stonewall Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1401 Montana
		El Paso, TX 79902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation to EGBT QIA organization
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 16/17 Rpt: 28/33	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	01/29/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.61	801 Sunland Park
		El Paso, TX 79912
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snack, drinks for volunteers and Senior center
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2024	Valero
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.43	3000 N. Mesa
		El Paso, TX 79902
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		gas for volunteers
		gue les relatives et
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
H		
	Date	Payee name
	02/01/2024	Valero
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.50	3000 N. Mesa
		El Paso, TX 79902
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas block walking
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 17/17 Rpt: 29/33	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	02/12/2024	Zapa Graphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$447.88	3410 Wickham
		El Paso, TX 79904
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs
		Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	02/14/2024	Zapa Graphics
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$447.88	3410 Wickham
	Ψ+1.00	5410 WICKITATI
		El Paso, TX 79904
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Signs
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Dayso nama
	01/26/2024	Payee name walgreens
L	Amount (\$)	Payee address; City; State; Zip Code
	\$3.33	2800 N. Mesa
	φ3.33	2000 N. IVIESA
		El Paso, TX 79901
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Water
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

SCHEDULE |

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 1/3 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers 00061857
Date 02/05/2024	5 Payee name Apple Store	·
Amount (\$) 53.04	7 Payee Address; City; State; Zip 8401 Gateway Blvd W El Paso, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) New charger for campaign computer
Date 02/22/2024	Payee name Best Buy	
Amount (\$) 55.64	Payee Address; City; State; Zip 815 Sunland Park Dr El Paso, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Chargers
Date 02/23/2024	Payee name Cane's Chickens	
Amount (\$) 20.84	Payee Address; City; State; Zip 2031 N. Mesa El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Food volunteers
Date 02/05/2024	Payee name Chipotle	
Amount (\$) 77.34	Payee Address; City; State; Zip 2900 N. Mesa El Paso, TX 79902	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required. staff lunch

SCHEDULE |

		The Instruction Guide explains how to	complete this fori	11.
Total pa	ages Schedule I: '3 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)		Filer ID (Ethics Commission File
Date 02/09/2	2024	5 Payee name Doordash		
Amount	47.09	7 Payee Address; City; State; Zip 303 2nd Street San Franscisco, CA 94107		
C	POSE DF IDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See in Office meal	structions regarding type of information require
Date 02/12/2	2024	Payee name Doordash		
Amount	9.99	Payee Address; City; State; Zip 303 2nd Street San Franscisco, CA 94107		
C	POSE DF IDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See in Office Lunch	structions regarding type of information require
Date 02/22/2	2024	Payee name Etsy		
Amount	178.54	Payee Address; City; State; Zip 117 Adams St Brooklyn, NY 11201		
C	POSE OF IDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See in Staff & Volunteer	structions regarding type of information require
Date 01/29/2	2024	Payee name Javy		
Amount	24.83	Payee Address; City; State; Zip 1318 N. Main St Summerville, SC 29483		
C	POSE OF IDITURE		(b) Description (See in subscription Coffe	structions regarding type of information require

SCHEDULE |

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I: Sch: 3/3 Rpt: 4 Date 02/01/2024	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00061857 5 Payee name Luby's		
6 Amount (\$) 12.44	7 Payee Address; City; State; Zip 500 E San Antonio El Paso, TX 79901		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information required.) Lunch		
Date 01/30/2024	Payee name New York Deli Inc		
Amount (\$) 51.72	Payee Address; City; State; Zip 4108 N. Mesa El Paso, TX 79902		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information required.) Lunch Office		
Date 02/23/2024	Payee name Purascent		
Amount (\$) 19.05	Payee Address; City; State; Zip 2100 W Pleasant Grove Blvd Pleasant Grove, UT 84062		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) Air fresheners office		

OUTSTANDING LOANS			SCHEDULE L		
TI	ne Instructio	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 33/33		
	LER NAME ess-Garcia, Ly	rda A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00061857		
	NDER FORMATION	4 Name of lender Ness Garcia, Lyda (Judge)	l		
		5 Lender address; City; State; Zip Code			
		El Paso, TX 79901			
	JARANTOR FORMATION	6 Name of guarantor			
X	not applicable	7 Guarantor address; City; State; Zip Code			