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 49 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Lyda A. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 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) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 02/25/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge Place El Paso District 383 El Paso

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 49

13 C / OH NAME	Ness-Garcia, Lyda A	(The Honorable)	14 Filer ID 00061857	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have be	political expenditures made by political en made without the candidate's or offic ort this information only if they receive r	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
	1. TOTAL UNITEM		 NS(OTHER THAN PLEDGES, LOANS,	
16 CONTRIBUTION TOTALS	\$ 0.00			
		CAL CONTRIBUTIONS	\$ 7,859.25	
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				• 0.00
TOTALS				\$ 0.00
	4. TOTAL POLIT	\$ 34,590.16		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ED AS OF THE LAST DAY OF THE	\$ 44,573.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		true and corre	irm, under penalty of perjury, that the a ct and includes all information required , Election Code.	
			The Honorable Lyda A. Ness-G	Sarcia
			Signature of Candidate or Officeh	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 certify which, witness my hand and seal of office.			
Signature of office	cer administering oath	Printed name of officer admi	nistering oath Title of offic	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					3 of 49
18 FILER			19 Filer ID	(Ethi	cs Commission Filers)
		cia, Lyda A. (The Honorable)	00061857		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	7,859.25
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	34,590.16
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.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	3,187.56
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

MONET	TARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1		
The Instru	ction Guide explains how	w to complete this 1	form.	1 Total pages Schedule A(J)1: Sch: 1/9 Rpt: 4/49		
2 FILER NAME Ness-Garcia	a, Lyda A. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00061857		
4 Date 05/23/2024	5 Full name of contributor Anderson, Kathleen (The6 Contributor address; City; S	·······	_)	7 Amount of Contribution (\$) \$50.00		
	El Paso, TX 79902					
8 Contributor's	Principal Occupation		9 Contributor's Job Title	•		
Attorney			Attorney			
10 Contributor's Kathleen Ar	employer/law firm nderson		11 Law firm of contributor's s	pouse (if any)		
	is a child, law firm of parent(s) (if	any)				
Date 05/09/2024				Amount of Contribution (\$) \$242.52		
	Contributor address; City; S York, PA 17404	State; Zip Code				
Contributor's	Principal Occupation		Contributor's Job Title	1		
Political Cor	nsultant		Retired			
Contributor's Retired	employer/law firm		Law firm of contributor's spouse (if any)			
If contributor	is a child, law firm of parent(s) (if	any)	<u> </u>			
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)		
05/23/2024	Edwards, Robert			\$1,000.00		
	Contributor address; City; S	State; Zip Code				
	El Paso, TX 79912					
Contributor's	Principal Occupation		Contributor's Job Title			
attorney			Attorney			
	employer/law firm		Law firm of contributor's s	pouse (if any)		
	ris Johnson & Shane					
if contributor	is a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1 Total page Sch: 2/9	es Schedule A(J)1: Rpt: 5/49	
2	FILER NAME				3 Filer ID	(Ethics Commission	n Filers)
	Ness-Garcia	a, Lyda A. (The Honorable)			0006185	7	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of	Contribution (\$)	
	05/23/2024	Flores, Claudio					\$250.00
		6 Contributor address; City;	State; Zip Code				
		El Paso, TX 79901					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)		
	Claudio Flor	es Attorney at Law					
12	If contributor i	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of	f Contribution (\$)	
	05/23/2024	Hilles, David	_			, ,	\$200.00
		Contributor address; City;	State; Zip Code				
		El Paso, TX 79901					
	Contributor's	Principal Occupation		Contributor's Job Title	<u>l</u>		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)		
	David Hilles	Attorney at Law					
	If contributor i	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of	Contribution (\$)	
	05/23/2024	Hood, Joe				, ,	\$100.00
		Contributor address; City;	State; Zip Code				
			, ,				
		El Paso, TX 79912					
	Contributor's	I Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)		
	Windle and						
	If contributor i	s a child, law firm of parent(s) (i	f any)	1			
		, ,,,	.,				
H							

	MONET	ARY POLITICAL CO	NTRIBUTIO	NS			SCHEDULE	A(J)1
	The Instru	ction Guide explains how to	complete this fo	orm.	1		es Schedule A(J)1 Rpt: 6/49	L:
2	FILER NAME Ness-Garcia	a, Lyda A. (The Honorable)			3	Filer ID 0006185	(Ethics Commissi 57	on Filers)
4	Date 04/27/2024	5 Full name of contributor James Rey Attorneys at Law 6 Contributor address; City; State;)	7	Amount of	f Contribution (\$)	\$1,000.00
		El Paso, TX 79901						
		Principal Occupation		9 Contributor's Job Title				
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)		
12	. If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of	f Contribution (\$)	
	02/26/2024	Law Office of Luis Yanez Contributor address; City; State;					,	\$500.00
		El Paso, TX 79901						
	Contributor's F	Principal Occupation		Contributor's Job Title				
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of	f Contribution (\$)	
	05/23/2024	Law Office of Luis Yanez						\$250.00
		Contributor address; City; State; El Paso, TX 79901	; Zip Code					
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		s	SCHEDULE	A(J)1
	The Instru	ction Guide explains how	to complete this fe	orm.	1	Total pages Sch: 4/9 R	s Schedule A(J): Rpt: 7/49	1:
2	FILER NAME Ness-Garcia	a, Lyda A. (The Honorable)			3	Filer ID (E	Ethics Commiss	ion Filers)
4	Date 04/10/2024	Full name of contributor Law Office of Ruben Herna Contributor address; City; Sta			7	Amount of (Contribution (\$)	\$750.00
		El Paso, TX 79902						
8	Contributor's F	Principal Occupation		Contributor's Job Title Attorney				
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)		
12	If contributor is	s a child, law firm of parent(s) (if an	ıy)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	\overline{T}	Amount of (Contribution (\$)	
	06/26/2024	Contributor address; City; State; Zip Code						\$350.00
		El Paso, TX 79902						
_	Contributor's Principal Occupation Contributor's		Contributor's Job Title					
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	If contributor is	s a child, law firm of parent(s) (if an	ıy)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Ī	Amount of 0	Contribution (\$)	
	05/25/2024	Lerma, Veronica Teresa Contributor address; City; Sta El Paso, TX 79902	.te; Zip Code		•			\$485.05
	Contributor's F	Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
		employer/law firm		Law firm of contributor's sp	ous	se (if any)		
		of Veronica Lerma						
	If contributor is	s a child, law firm of parent(s) (if an	·y)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		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: 8/49
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Ness-Garcia	, Lyda A. (The Honorable)				00061857
4	Date 05/23/2024	5 Full name of contributor Linan, Claudia6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$146.47
		El Paso, TX 79925				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_	
	Nurse			Nurse		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Medical Aes	thetics				
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)
	05/22/2024 Longoria, Delia Virginia Contributor address; City; State; Zip Code				\$150.00	
		El Paso, TX 79912				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		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	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	05/22/2024	Mena, Gilbert D				\$200.00
		Contributor address; City; S	State; Zip Code		<u>'</u>	
Г	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Daniel Mena	Attorney at Law				
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains how t	o complete this f	orm.	1	ges Schedule A(J)1: 9 Rpt: 9/49	
2	FILER NAME Ness-Garcia	., Lyda A. (The Honorable)			3 Filer ID 000618	(Ethics Commissio	n Filers)
4	Date 05/21/2024	 5 Full name of contributor Palafox, Patricia 6 Contributor address; City; Stat El Paso, TX 79912 	out-of-state PAC (ID#:_ e; Zip Code		7 Amount	of Contribution (\$)	\$100.00
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
•	Attorney	iniopai Goodpaion		Attorney			
10		employer/law firm afox		11 Law firm of contributor's sp	ouse (if any))	
12	If contributor is	s a child, law firm of parent(s) (if an	у)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	05/23/2024	Perez, Gabriel Contributor address; City; Stat	_			ο. σοπαπραποτή (φ)	\$146.47
	0	El Paso, TX 79902		O and the standard Lab Title			
		Principal Occupation		Contributor's Job Title			
	Attorney	and a conflored fine		Attorney	(if a.m.)		
		employer/law firm of Gabriel Perez		Law firm of contributor's sp	iouse (ii ariy)	1	
		s a child, law firm of parent(s) (if any	y)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	05/24/2024	Quinonez & Salayandia Lav Contributor address; City; Stat EL Paso, TX 79936					\$244.18
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Continuators	-ппсіраї Оссираціон		Contributor's 30b Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if an	у)				

	MONET	ARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A(J)1: Sch: 7/9 Rpt: 10/49
2	FILER NAME Ness-Garcia	ı, Lyda A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00061857
4	Date 05/23/2024	Full name of contributor	PAC (ID#:)	7 Amount of Contribution (\$) \$250.00
		El Paso, TX 79912		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Managing P	artner	Managing Partner	
10	Contributor's (employer/law firm	11 Law firm of contributor's	s spouse (if any)
12		s a child, law firm of parent(s) (if any)	I	
L				1
	Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
	05/11/2024	Rosenbaum, Noel		\$50.00
		Contributor address; City; State; Zip Code El Paso, TX 79912		
	Contributor's	I Principal Occupation	Contributor's Job Title	L
	Retired		Retired	
	Contributor's	employer/law firm	Law firm of contributor's	s spouse (if any)
		s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor ut-of-state F	PAC (ID#:)	Amount of Contribution (\$)
	05/23/2024	Spencer, Joshua		\$500.00
		Contributor address; City; State; Zip Code		
		El Paso, TX 79902		
	Contributor's	Principal Occupation	Contributor's Job Title	•
	Attorney		Attorney	
	Contributor's	employer/law firm	Law firm of contributor's	s spouse (if any)
	Joshua Spe	ncer		
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		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: 11/49		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Ness-Garcia	, Lyda A. (The Honorable)				00061857		
4	Date 05/23/2024	5 Full name of contributor Stillinger, Mary6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$200.00		
		El Paso, TX 79902						
8	Contributor's I	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)		
	Law Offices	of Stilling and Godinez						
12	If contributor is	s a child, law firm of parent(s) (i	f any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)		
	05/23/2024	Torres, Orlando Contributor address; City;	State; Zip Code			\$150.00		
		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	m of contributor's spouse (if any)			
	Orlando Tori	res Counselor 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 (\$)		
	05/22/2024	Voorhies, Kristina	_			\$194.02		
		Contributor address; City; Ft. Worth, TX 76110	State; Zip Code		•			
	Contributor's I	I Principal Occupation		Contributor's Job Title	_			
	Attorney			Attorney				
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)		
	Self Employe							
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/9 Rpt: 12/49			
2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Ness-Garcia	, Lyda A. (The Honorable)				00061857			
4	Date 05/23/2024	5 Full name of contributor Warrick, Melissa6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$195.33			
		El Paso, TX 79901							
8	Contributor's I	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)			
	Law Office o	f Romero & Warrick							
12	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 (\$)			
	05/23/2024	Williams, John Contributor address; City;	State; Zip Code			\$145.51			
		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	spouse (if any)				
	John William	ns Law Firm							
	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 (\$)			
	05/23/2024	Wolfe, Jan	_			\$9.70			
		Contributor address; City; El Paso, TX 79912	State; Zip Code						
	Contributor's I	Principal Occupation		Contributor's Job Title	-				
	Retired			Author					
	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) (i	f any)						

	LOANS (J	UDICIAL)				SCHEI	DULE E	(J)	
	The Instructio	on Guide explains how to complete this	form.	Total pages Schedule E(J): Sch: 1/1 Rpt: 13/49					
2	FILER NAME Ness-Garcia, Lyd	da A. (The Honorable)		1	Filer ID	(Ethics Cor	nmission F	ilers)	
4	TOTAL OF UN	IITEMIZED LOANS		•		\$		0.00	
5	Date of loan	7 Name of lender out-of-state P	PAC (ID#:)	9 Loan An	nount (\$)		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest			
						11 Maturity	Date		
12	2 Lender's Principal	Occupation	13 Lender's Job Title						
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spou	se (if	any)				
16	If lender is child, la	aw firm of parent(s) (if any)							
17	7 Description of Coll	ateral	18 Check if personal funds w	ere d	eposited		account structions)		
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount	Guarantee	d (\$)	
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code						
25	5 Guarantor's Emplo	over/Law Firm	26 Law Firm of quaranteric encurse (if any)						
	· 		26 Law Firm of guarantor's spouse (if any)						
27	' If guarantor is child	d, law firm of parent(s) (if any)							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Gift/Awards/Memorials E Legal Services		Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
L	Steak Sara Faymont		The Instruction Gui	de explains ho	w to com	plete this form.		
1	Total pages Schedule F1:	2 FILEF	RNAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 1/17 Rpt: 14/49	Ness	-Garcia, Lyda A. (The F	lonorable)			00061857	
4	Date	5 Payee	e name					
	02/26/2024	787 (Coffee					
6	Amount (\$)	7 Payee	e address; City;	State; 2	Zip Cod	e		
	\$5.00	2419	N. Stanton					
		ELD.	.co. TV 70002					
			so, TX 79902					
8	PURPOSE OF		Ory (See Categories listed at the	e top of this schedu	ule) (I	b) Description		
	EXPENDITURE	Food	/Beverage Expense			<u> </u>	outside of Texas. Com n, TX, officeholder living	
						coffee poll w		g expense
						conce pen m	ornoro	
_	Complete ONLY if direct	Candid	ata/Officabaldar nama	O##	ice sougl	at .	Office he	old.
9	Complete ONLY if direct expenditure to benefit C/O		ate/Officeholder name	OTII	ice sougi	IL	Office ne	eiu
L								
	Date		e name					
	03/05/2024	787 (Coffee					
	Amount (\$)	Payee	e address; City;	State; 2	Zip Cod	е		
	\$14.00	2419	N. Stanton					
		 Fl Pa	so, TX 79902					
	DUDDOCE	ļ			17	(A) =		
	PURPOSE OF	ı	Ory (See Categories listed at the	e top of this schedu	ule) (I	b) Description	outside of Texas. Com	inloto Schodulo T
	EXPENDITURE	Food	/Beverage Expense			=	n, TX, officeholder living	
						Coffee for po		, - ,
						·		
_	Complete ONLY if direct	l Candid	ate/Officeholder name	Offi	ice sougl	nt .	Office he	əlq
	expenditure to benefit C/O		ate/Officeriolder flame	Oili	ice sougi		Office In	Sid
\vdash	<u> </u>	ı						
	Date	1 ′	e name					
L	02/25/2024	Alber	tsons					
	Amount (\$)	Payee	e address; City;	State; 2	Zip Cod	e		
	\$130.66	3100	N. Mesa					
		El Pa	so, TX 79902					
	PURPOSE	(a) Categ	Ory (See Categories listed at the	e top of this schedu	ule) (I	b) Description		
	OF EXPENDITURE	1	ig Expense			ш	outside of Texas. Com	•
	_/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					ш	n, TX, officeholder living	g expense
						Food for volu	ınteers	
	Complete ONLY if direct		ate/Officeholder name	Offi	ice sougl	nt	Office he	eld
L	expenditure to benefit C/O							

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: 2/17 Rpt: 15/49	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	03/04/2024	Albertsons
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.24	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Food snacks for poll workers
		Food stracks for poli workers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	03/04/2024	Payee name Albertsons
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.43	3100 N. Mesa
		51 D TV 70000
		El Paso, TX 79902
	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
		poll workers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/05/2024	Albertsons
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.67	3100 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 Austin, TX, officeholder living expense
	OF	1 Odd/Beverage Expense
	OF EXPENDITURE	Check if Austin, TX, officeholder living expense poll worker food
	OF	Check if Austin, TX, officeholder living expense poll worker food Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Check if Austin, TX, officeholder living expense poll worker food Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Check if Austin, TX, officeholder living expense poll worker food 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 Comm 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		
1	Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·	_
1	1 3		
L	Sch: 3/17 Rpt: 16/49	Ness-Garcia, Lyda A. (The Honorable) 00061857	
4	Date	5 Payee name	1
	05/23/2024	Aloft El Paso Downtown	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$11.47	3030 Texas	
	Ψ11.41	0000 10000	
		El Paso, TX 79901	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	П
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fundraiser	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	٦
	expenditure to benefit C/OI	Н	
H	Date	Payes name	╡
	05/28/2024	Payee name Aloft El Paso Downtown	
			4
	Amount (\$)	Payee address; City; State; Zip Code	
	\$541.25	3030 Texas	
		El Paso, TX 79901	
H	PURPOSE		۲
	OF		
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fundraiser	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv
	expenditure to benefit C/OI	U	
H			4
	Date	Payee name	
L	06/12/2024	Apple Store	
	Amount (\$)	Payee address; City; State; Zip Code	1
	\$38.58	8401 Gateway Blvd W	
		El Paso, TX 79925	
	DUDDOCT		4
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		office supply	
		отное зарру	
	Complete ONLY if direct	Condidate/Officeholder name Office cought	4
	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

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: Sch: 4/17 Rpt: 17/49	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00061857
4	Date 05/14/2024	5 Payee name Bank Of America
6	Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 330 N. Mesa
8	PURPOSE OF EXPENDITURE	El Paso, TX 79901 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly maintenance fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/23/2024	Payee name Barnes & Noble - Starbucks
	Amount (\$) \$53.07	Payee address; City; State; Zip Code 8889 Gateway West El Paso, TX 79925
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Books for children's room
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/04/2024	Payee name Barnes & Noble - Starbucks
	Amount (\$) \$53.56	Payee address; City; State; Zip Code 8889 Gateway West
		El Paso, TX 79925
	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 coffee for poll workers
	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 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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/17 Rpt: 18/49 Ness-Garcia, Lyda A. (The Honorable) 00061857 4 Date Payee name 02/26/2024 Boba 6 Amount (\$) Payee address; City; State; Zip Code \$7.52 8889 GATEWAY El Paso, TX 79925 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense for poll workers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2024 Chipotle Amount (\$) Payee address; City; State; Zip Code \$48.87 2900 N. Mesa 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense food for poll workers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/06/2024 Circle K gas Amount (\$) Payee address: City; State; Zip Code \$42.30 2200 N. Mesa 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 gas volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/W	/ages	Contract Labor		OTHER (enter a	a category not listed a	above)
1	Total pages Schedule F1:	2 FILER NAM	 E				2	Filer ID	(Ethics Commis	sion Filers)
-	Sch: 6/17 Rpt: 19/49		- ia, Lyda A. (The Hor	norable)			٦	00061857	(20100 001111110	5510111 11010)
4	Date	5 Payee name	!							
	03/04/2024	Circle K ga								
6	Amount (\$) \$45.11	7 Payee addre 2200 N. Me	esa	State; Zip Co	de					
		El Paso, T								
8	PURPOSE OF EXPENDITURE	(a) Category (s Travel In D	iee Categories listed at the top istrict	o of this schedule)	(b)	느	, TX	, officeholder living	nplete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office h	eld	
	Date	Payee name								
	03/05/2024	Circle K ga	S							
	Amount (\$) \$37.11	Payee addre 2200 N. Me El Paso, T	esa	State; Zip Co	de					
	PURPOSE	(a) Category (s	iee Categories listed at the top	of this schodule)	(b)	Description				
	OF EXPENDITURE	Travel In D		or this schedule)		Check if travel of	, TX	, officeholder living	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office h	eld	
	Date 06/10/2024	Payee name Constant C								
	Amount (\$) \$79.95	Payee addre 1601 Trape Waltham,	elo	State; Zip Co	de					
	PURPOSE			(1)	(h)	Description				
	OF EXPENDITURE	Advertising	iee Categories listed at the top Expense	o of this schedule)		Check if travel		ide of Texas. Com, officeholder living	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office h	eld	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
_	Total manne Coloradula 54		
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 7/17 Rpt: 20/49	Ness-Garcia, Lyda A. (The Honorable)	00061857
4	Date	5 Payee name	
	05/10/2024	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$79.95	1601 Trapelo	
		Waltham , MA 02451	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	/ dvertising Expense	travel outside of Texas. Complete Schedule T.
		emails	Austin, TX, officeholder living expense
		enais	
Ļ	Computate ONLY if direct	Condidate Office helder no rec	Office heald
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	03/11/2024	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$79.95	1601 Trapelo	
		Waltham , MA 02451	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T.
		emails	Austin, TX, officeholder living expense
		Citalis	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Data		
	Date	Payee name	
	03/04/2024	El Clavo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.25	4138 N. Mesa	
		El Paso, TX 79902	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	I dilling Expense	travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense
		sign mat	CILAI
_	Complete ONLY if direct	Candidata/Officeholder name Office assists	Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Onice nelu
	•		
<u></u>	rme provided by Tayas E	thice Commission www athics state ty us	\/arsign \/// 1 0 d278aha0

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/Political Comn Credit Card Payment		SWages/Contract Labor OTHER (enter a category not listed above) complete this form.
1 Total pages Schedule F1: 2 F	FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/17 Rpt: 21/49	Ness-Garcia, Lyda A. (The Honorable)	00061857
4 Date 5 F	Payee name	
02/27/2024 E	El Paso Mail & Print Service	
6 Amount (\$) 7 F	Payee address; City; State; Zip (Code
\$8,122.32	1144 Vista De Oro St	
E	EL Paso, TX 79935	
	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 flyers and mailers
		nyers and maners
9 Complete ONLY if direct Ca	andidate/Officeholder name Office so	Lought Office held
expenditure to benefit C/OH	and date, officeriolder frame	orașii.
Date F	Payee name	
	El Paso Mail & Print Service	
	Payee address; City; State; Zip (20de
` '	1144 Vista De Oro St	Sout
\$0,043.93	1144 Visia De Oio Si	
	TI D TV 70005	
	EL Paso, TX 79935	
1 <u>0</u> E 1	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
		mailer and postage
Complete ONLY if direct Ca	andidate/Officeholder name Office se	ought Office held
expenditure to benefit C/OH		
Date F	Payee name	
02/27/2024 E	Etsy	
	Payee address; City; State; Zip (Code
	117 Adams St	
E	Brooklyn, NY 11201	
PURPOSE (a) (Category (See Categories listed at the top of this schedule)	(b) Description
I 0E I	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Thank you cards
Complete ONLY if direct Co	andidate/Officeholder name Office so	ought Office held
Complete <u>ONLY</u> if direct Ca expenditure to benefit C/OH	andidate/Officeholder name Office so	ought Office field

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)

l	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 Filer)	ers)
l	Sch: 9/17 Rpt: 22/49	Ness-Garcia, Lyda A. (The Honorable) 00061857	
4	Date	5 Payee name	
	02/28/2024	Etsy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$35.00	117 Adams St	
		Brooklyn, NY 11201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense Stickers	
		Sucreis	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
H	Date	Payee name	
l	03/04/2024	Fedex	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$6.47	4190 N Mesa	
	Ψ0.47	4130 IN INICSA	
		El Paso, TX 79912	
L	DUDDOCE		
	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.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		tape	
L			
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experialitire to benefit C/Oi	"1	
l	Date	Payee name	
L	03/07/2024	Fedex	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$47.38	4190 N Mesa	
l			
		El Paso, TX 79912	
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		payment for pushcards	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H			
L			

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 10/17 Rpt: 23/49	Ness-Garcia, Lyda A. (The Honorable)
-	
4 Date	5 Payee name
02/26/2024	Glias Coffee
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$8.47	4841 Alberta Ave
	El Paso, TX 79901
	1
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
	coffee poll workers
	5555 ps
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
05/16/2024	Go Direct Marketing Services
Amount (\$)	Payee address; City; State; Zip Code
\$335.69	8400 Boeing Drive
	El Paso, TX 79925
DUDDO05	1
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
	invitations
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/19/2024	HOBBY LOBBY
Amount (\$)	Payee address; City; State; Zip Code
\$12.97	7930 N. MESA
	EL PASO, TX 79932
DUDDOSE	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	DECOR
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 Committee

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	l 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: 11/17 Rpt: 24/49	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	06/21/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.73	185 Berry St
		Suite 400
		San Francisco, CA 94107
8	PURPOSE	
0	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		ride to courthouse
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/26/2024	MACS
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.42	315 Mills
	**	
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		food poll workers
	Operation ONLY if allowed	Our didn't lotter had a grant of the country of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/26/2024	McDonalds
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.36	2401 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
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		lunch
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 0/01	•

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
Transport in District 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: 12/17 Rpt: 25/49	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	02/26/2024	McDonalds
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.11	2401 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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		for poll workers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/26/2024	Michel, Perla
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	521 Texas
		El Paso, TX 79902
	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 poll worker gas etc
		poli worker gas etc
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	03/04/2024	Payee name Microsoft
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.36	One Microsoft way
⊢		Redmond, WA 98052
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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.
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	(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
	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 adobe fee
	OF	(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 adobe fee Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(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 adobe fee Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(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 adobe fee Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 13/17 Rpt: 26/49	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	02/27/2024	Ness Garcia, Lyda (The Honorable)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12,500.00	CONFIDENTIAL
		El Paso, TX 79901
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement of personal loan to campaign
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	03/06/2024	Ness Garcia, Lyda (The Honorable)
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$4,285.43	confidential
	, ,	confidential
		EL Paso, TX 79902
L	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement of personal loan to campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	02/26/2024	Nikole Snacks
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	8401 Gateway West
	φο.σσ	o lor Galeria, West
		El Paso, TX 79925
	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 for polls workers
		ioi poils workers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
\vdash		

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	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: 14/17 Rpt: 27/49	Ness-Garcia, Lyda A. (The Honorable) 00061857				
4	Date	5 Payee name				
	03/07/2024	Raising Canes				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$33.16	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				
		Office lunch				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	02/28/2024	Raising Canes				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$17.55	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				
		food poll workers				
		leed poil Wellier				
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	· ·				
H	Date	Payee name				
	02/26/2024	Starbucks				
┝	Amount (\$)	Payee address; City; State; Zip Code				
	\$11.90	2300 N. Mesa				
	Ψ11.30 2500 N. MICSα					
		El Paso, TX 79902				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	LAFLINDITORL	Check if Austin, TX, officeholder living expense				
		Breakfast poll workers				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
\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/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: 15/17 Rpt: 28/49	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	03/04/2024	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	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 poll workers election day
		Conce pointing of concern day
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
_	Date	Davies warms
	02/27/2024	Payee name Target
		Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.63	801 Sunland Park
	!	
		El Paso, TX 79912
	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 food drinks workers
	!	Took diffine Westers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date 02/26/2024	Payee name Wingston
		Wingstop
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.53	2900 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 Austin, TX, officeholder living expense Food poll workers
		1 ood poil workers
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 16/17 Rpt: 29/49	Ness-Garcia, Lyda A. (The Honorable) 00061857	
4	Date	5 Payee name	_
	03/01/2024	Zapa Graphics	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$261.03	3410 Wickham	
		El Paso, TX 79904	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Polling Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		signs	
_	2		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/04/2024	Zippy's Printing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$468.73	2855 Pershing	
		El Paso, TX 79903	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense	
		Check if Austin, TX, officeholder living expense Push cards	
		T don't dated	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Pavee name	_
	05/07/2024	Zippy's Printing	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$211.08	2855 Pershing	
		El Paso, TX 79903	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Printing Expense	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Invitations	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH		
		this Commission	

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

	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: 30/49	Ness-Garcia, Lyda A. (The Honorable) 00061857
4	Date	5 Payee name
	05/10/2024	Zippy's Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$217.41	2855 Pershing
		El Paso, TX 79903
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense mailers
		Thaile 19
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	03/04/2024	Payee name
		walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.19	2800 N. Mesa
		El Paso, TX 79901
	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 rubber bands
		Tubbel ballas
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 02/26/2024	Payee name
		walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.43	2800 N. Mesa
		El Paso, TX 79901
	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
		water poll workers
		water poil workers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

	The Instruction Guide explains how to	complete this form.	
Total pages Schedule I: Sch: 1/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers 00061857	
Date 04/11/2024	5 Payee name 2Ten		
Amount (\$) 24.64	7 Payee Address; City; State; Zip 3007 Montana El Paso, TX 79901		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. coffee beans office	
Date	Payee name		
03/06/2024	787 Coffee		
Amount (\$) 23.00	Payee Address; City; State; Zip 2419 N. Stanton		
	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. Breakfast office	
Date	Payee name		
04/12/2024	787 Coffee		
Amount (\$) 21.00	Payee Address; City; State; Zip 2419 N. Stanton		
	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 coffee beans office	
Date 05/15/2024	Payee name Albertsons		
Amount (\$)	Payee Address; City; State; Zip		
50.90	3100 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. Office snacks and beverages	

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 2/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers 00061857
Date 05/08/2024	5 Payee name Albertsons	
Amount (\$) 28.51	7 Payee Address; City; State; Zip 3100 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. office
Date	Payee name	
04/22/2024	Albertsons	
Amount (\$) 90.72	Payee Address; City; State; Zip 3100 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 and snacks for office
Date	Payee name	
03/11/2024	Albertsons	
Amount (\$) 42.59	Payee Address; City; State; Zip 3100 N. Mesa	
PURPOSE OF EXPENDITURE	El Paso, TX 79902 (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required snacks for office
Date 03/25/2024	Payee name Albertsons	
Amount (\$) 23.44	Payee Address; City; State; Zip 3100 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. office/juries

	The Instruction Guide explains how to	complete this form.	
Total pages Schedule I: Sch: 3/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00061857	
Date 04/05/2024	5 Payee name Albertsons		
Amount (\$) 24.13	7 Payee Address; City; State; Zip 3100 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.) coffee supplies office/jury room	
Date 04/08/2024	Payee name Albertsons		
Amount (\$) 25.93	Payee Address; City; State; Zip 3100 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. donuts and coffee for courthouse staff	
Date 05/23/2024	Payee name Albertsons		
Amount (\$) 39.23	Payee Address; City; State; Zip 3100 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. snacks and supplies off	
Date 05/28/2024	Payee name Barnes & Noble -		
Amount (\$) 46.70	Payee Address; City; State; Zip 8889 Gateway West El Paso, TX 79925		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Books & gifts	(b) Description (See instructions regarding type of information required: books for children's room	

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 4/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00061857
Date 04/01/2024	5 Payee name Barnes & Noble -	
Amount (\$) 83.73	7 Payee Address; City; State; Zip 8889 Gateway West El Paso, TX 79925	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) Books donation little libraries
Date 06/23/2024	Payee name Barnes & Noble - Starbucks	
Amount (\$) 24.50	Payee Address; City; State; Zip 8889 Gateway West El Paso, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Coffee Staff
Date 04/01/2024	Payee name Bath and Body Work	
Amount (\$) 21.92	Payee Address; City; State; Zip 655 Sunland Park 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.) soap for jury bathrooms
Date 05/03/2024	Payee name Bath and Body Work	
Amount (\$) 51.91	Payee Address; City; State; Zip 655 Sunland Park El Paso, TX 79912	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required soap and air freshener for office bathrooms

	The Instruction Guide explains how to complete this f	orm.
Total pages Schedule Sch: 5/19 Rpt:	e I: 2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers 00061857
Date 04/08/2024	5 Payee name Chipotle	
Amount (\$) 42.43	7 Payee Address; City; State; Zip 2900 N. Mesa El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (Set Office Lunch)	ee instructions regarding type of information required.
Date 06/28/2024	Payee name Chipotle	
Amount (\$) 62.68	Payee Address; City; State; Zip 2900 N. Mesa El Paso, TX 79902	
PURPOSE OF EXPENDITURE		ee instructions regarding type of information required.
Date 04/02/2024	Payee name Chuy's	
Amount (\$) 87.83	Payee Address; City; State; Zip 8889 Gateway El Paso, TX 79925	
PURPOSE OF EXPENDITURE		ee instructions regarding type of information required.
Date 04/03/2024	Payee name Circle K gas	
Amount (\$) 35.54	Payee Address; City; State; Zip 2200 N. Mesa El Paso, TX 79902	
PURPOSE OF EXPENDITURE		ee instructions regarding type of information required.

	The Instruction Guide explains how to	complete till	is idiili.
Total pages Schedule I: Sch: 6/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)		3 Filer ID (Ethics Commission Filers 00061857
Date 04/01/2024	5 Payee name Coffee Box		
Amount (\$) 35.11	7 Payee Address; City; State; Zip 401 N. Mesa El Paso, TX 79901		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description coffee	(See instructions regarding type of information required.
Date	Payee name		
05/28/2024	Costco gas		
Amount (\$) 49.78	Payee Address; City; State; Zip 6101 Gateway Blvd		
	El Paso, TX 79925		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description gas	(See instructions regarding type of information required.)
Date	Payee name		
05/02/2024	Costco gas		
Amount (\$) 44.83	Payee Address; City; State; Zip 6101 Gateway Blvd		
	El Paso, TX 79925		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description gas	(See instructions regarding type of information required.)
Date 06/05/2024	Payee name DC Bar		
Amount (\$) 212.00	Payee Address; City; State; Zip 901 4th St NW		
PURPOSE OF EXPENDITURE	Washington , DC 20001 (a) Category (See instructions for examples of acceptable categories) Fees	(b) Description DC Bar	(See instructions regarding type of information required.)

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 7/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00061857
Date 04/16/2024	5 Payee name Doordash	
Amount (\$) 9.99	7 Payee Address; City; State; Zip 303 2nd Street San Franscisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Delivery fee for office lunch
Date 03/04/2024	Payee name Doordash	
Amount (\$) 9.99	Payee Address; City; State; Zip 303 2nd Street San Franscisco, CA 94107	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) delivery fee
Date 03/11/2024	Payee name Fengcha	
Amount (\$) 7.92	Payee Address; City; State; Zip 7470 Cimarron Market Ave El Paso, TX 79911	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) coffee
Date 03/18/2024	Payee name Fengcha	
Amount (\$) 8.41	Payee Address; City; State; Zip 7470 Cimarron Market Ave El Paso, TX 79911	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) coffee/tea office

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 8/19 Rpt: Date	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable) 5 Payee name	3 Filer ID (Ethics Commission Filers 00061857
03/28/2024	Five Star Mexican Bakery West	
Amount (\$) 13.50	7 Payee Address; City; State; Zip 3233 N. Mesa Ste 2001 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.) Breakfast office
Date	Payee name	
03/21/2024	Glias Coffee	
Amount (\$) 11.55	Payee Address; City; State; Zip 4841 Alberta Ave	
PURPOSE OF EXPENDITURE	El Paso, TX 79901 (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required office
Date	Payee name	
04/11/2024	Glias Coffee	
Amount (\$) 8.04	Payee Address; City; State; Zip 4841 Alberta Ave	
	El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. coffeee
Date 04/18/2024	Payee name Glias Coffee	
Amount (\$) 18.43	Payee Address; City; State; Zip 4841 Alberta Ave El Paso, TX 79901	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required. coffee bean

	The Instruction Guide explains	s now to complete this form.
Total pages Sch Sch: 9/19 Rpt:		3 Filer ID (Ethics Commission Filers) 00061857
Date 05/06/2024	5 Payee name Glias Coffee	
Amount (\$) 12.6	7 Payee Address; City; State; Z 4841 Alberta Ave El Paso, TX 79901	tip
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptab Food/Beverage Expense	le categories) (b) Description (See instructions regarding type of information required coffee office
Date 06/10/2024	Payee name Glias Coffee	
Amount (\$) 16.5	Payee Address; City; State; Z 4841 Alberta Ave El Paso, TX 79901	Zip
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptabel Food/Beverage Expense	(b) Description (See instructions regarding type of information required. coffee beans
Date 05/28/2024	Payee name Grimaldi	<u> </u>
Amount (\$) 74.6	Payee Address; City; State; Z 8889 Gateway El Paso, TX 79925	^Z ip
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptabel Food/Beverage Expense	le categories) (b) Description (See instructions regarding type of information required. office staff
Date 06/03/2024	Payee name Grove	
Amount (\$) 62.4	Payee Address; City; State; Z 7470 Cimmaron El Paso, TX 79911	tip
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Staff mtg

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Total pages Schedule I: Sch: 10/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers 00061857
Date 04/29/2024	5 Payee name Javy	
Amount (\$) 49.69	7 Payee Address; City; State; Zip 1318 N. Main St Summerville, SC 29483	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. coffee office
Date	Payee name	
04/01/2024	Javy	
Amount (\$) 49.69	Payee Address; City; State; Zip 1318 N. Main	
	Summerville, SC 29843	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Coffee delivery
Date	Payee name	
02/27/2024	Javy	
Amount (\$) 49.69	Payee Address; City; State; Zip 1318 N. Main St	
PURPOSE OF EXPENDITURE	Summerville, SC 29483 (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Coffee delivery office
Date 04/15/2024	Payee name Luby's	
Amount (\$) 7.57	Payee Address; City; State; Zip 500 E San Antonio	
PURPOSE OF EXPENDITURE	El Paso, TX 79901 (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Lunch office

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Total pages Schedule I: Sch: 11/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers 00061857
Date 05/02/2024	5 Payee name Lulac Women's	
Amount (\$) 98.28	7 Payee Address; City; State; Zip 221 N. Kansas El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required. Lulac EVENT
Date 04/03/2024	Payee name Marcos PIzza	
Amount (\$) 12.97	Payee Address; City; State; Zip 7460 Cimmaron el paso, TX 79911	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. pizza office
Date 05/20/2024	Payee name McDonalds	
Amount (\$) 26.06	Payee Address; City; State; Zip 2401 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. Office luncheon
Date 04/02/2024	Payee name Menchies	
Amount (\$) 22.70	Payee Address; City; State; Zip 8889 Gateway El Paso, TX 79925	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required. ice-cream after staff lunch

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Total pages Schedule I: Sch: 12/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)		3 Filer ID (Ethics Commission Filers 00061857
Date 04/02/2024	5 Payee name Microsoft		
Amount (\$) 18.38	7 Payee Address; City; State; Zip once microsoft way Redmond, WA 98052		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description adobe	(See instructions regarding type of information required.
Date	Payee name		
05/01/2024	Microsoft		
Amount (\$) 18.38	Payee Address; City; State; Zip One Microsoft way		
	Redmond , WA 98052		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description adobe	(See instructions regarding type of information required.
Date	Payee name		
04/03/2024	Moveon		
Amount (\$) 43.68	Payee Address; City; State; Zip 1442 Walnut		
	Berkley , CA 94709		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Dem party	(See instructions regarding type of information required.)
Date 06/04/2024	Payee name NACC Child Law		
Amount (\$) 120.00	Payee Address; City; State; Zip 899 N. Logan St Denver, CO 80203		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees		(See instructions regarding type of information required.)

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Total pages Schedule I: Sch: 13/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable) 3 Filer ID (Ethics Commission Filers 00061857
Date 05/06/2024	5 Payee name PDF filler
Amount (\$) 102.34	7 Payee Address; City; State; Zip 17 Station Brookline, MA 02445
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 software
Date	Payee name
05/26/2024	Pandora
Amount (\$) 81.19	Payee Address; City; State; Zip 8401 Gateway Blvd
PURPOSE OF EXPENDITURE	El Paso, TX 79925 (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description Staff Gift
Date	Payee name
06/04/2024	Pennsylvania Bar
Amount (\$) 102.75	Payee Address; City; State; Zip 100 South St
PURPOSE	Harrisburg, PA 17101 (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Fees Penn Bar Association
Date 06/04/2024	Payee name Race against Blindness
Amount (\$) 25.00	Payee Address; City; State; Zip 3317 S. Higley Glibert, AZ 85297
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (See instructions regarding type of information required. charitable donation

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Total pages Schedule I: Sch: 14/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers 00061857
Date 05/28/2024	5 Payee name Race against Blindness	
Amount (\$) 25.00	7 Payee Address; City; State; Zip 3317 S. Higley Rd Glibert, AZ 85297	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required. Charitable donation
Date 04/04/2024	Payee name Raising Canes	
Amount (\$) 33.58	Payee Address; City; State; Zip 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 04/15/2024	Payee name Raising Canes	
Amount (\$) 61.66	Payee Address; City; State; Zip 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 office lunch
Date 06/03/2024	Payee name Raising Canes	
Amount (\$) 22.53	Payee Address; City; State; Zip 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 office

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Total pages Schedule I: Sch: 15/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers 00061857
Date 04/29/2024	5 Payee name Starbucks	
Amount (\$) 30.00	7 Payee Address; City; State; Zip 2300 N. Mesa El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Breakfast meeting office
Date 03/22/2024	Payee name Starbucks	
Amount (\$) 15.00	Payee Address; City; State; Zip 2300 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. coffee
Date 03/25/2024	Payee name Starbucks	
Amount (\$) 30.00	Payee Address; City; State; Zip 2300 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. office
Date 05/24/2024	Payee name Starbucks	
Amount (\$) 10.00	Payee Address; City; State; Zip 2300 N. Mesa El Paso, TX 79902	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required. coffee beans

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Total pages Schedule I: Sch: 16/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00061857
Date 05/29/2024	5 Payee name Starbucks	
Amount (\$) 10.00	7 Payee Address; City; State; Zip 2300 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.) coffee beans
Date 06/05/2024	Payee name Starbucks	
Amount (\$) 15.00	Payee Address; City; State; Zip 2300 N. Mesa El Paso, TX 79902	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) cofee beans
Date 06/28/2024	Payee name Starbucks	
Amount (\$) 15.00	Payee Address; City; State; Zip 2300 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.) coffee
Date 04/08/2024	Payee name T J Maxx	
Amount (\$) 179.24	Payee Address; City; State; Zip 8889 Gateway 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.) Furniture for jury bathrooms & other decor for jury room

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Total pages Schedule I: Sch: 17/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00061857
Date 06/10/2024	5 Payee name Taco Bell	
Amount (\$) 31.68	7 Payee Address; City; State; Zip 2103 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.) off lunch
Date	Payee name	
04/01/2024	Target	
Amount (\$) 138.87	Payee Address; City; State; Zip 801 Sunland Park	
PURPOSE OF EXPENDITURE	El Paso, TX 79912 (a) Category (See instructions for examples of acceptable categories) Supplies office	(b) Description (See instructions regarding type of information required. items for jury room
Date	Payee name	
04/08/2024	Target	
Amount (\$) 20.56	Payee Address; City; State; Zip 801 Sunland Park	
	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.) pens
Date 05/28/2024	Payee name Target	
Amount (\$) 26.52	Payee Address; City; State; Zip 801 Sunland Park 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. Snacks for office and juries

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Total pages Schedule I: Sch: 18/19 Rpt:	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable)	3 Filer ID (Ethics Commission Filers 00061857
Date 06/27/2024	5 Payee name The Cleaners	
Amount (\$) 21.80	7 Payee Address; City; State; Zip 2922 N. Mesa El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Judicial Robe repair	(b) Description (See instructions regarding type of information required.) Robe
Date 05/06/2024	Payee name Tiff's Treats	
Amount (\$) 50.00	Payee Address; City; State; Zip 8889 Gateway El Paso, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required. Cookies staff bday party
Date 04/08/2024	Payee name Verde Salad	
Amount (\$) 29.93	Payee Address; City; State; Zip 5809 N. Mesa El PAso, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Office lunch
Date 03/13/2024	Payee name Whataburger	
Amount (\$) 23.26	Payee Address; City; State; Zip 2201 N. Mesa El Paso, TX 79902	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required. Office

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1 Total pages Schedule I: Sch: 19/19 Rpt: 4 Date 06/27/2024	2 FILER NAME Ness-Garcia, Lyda A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00061857 5 Payee name Whole Foods Market
6 Amount (\$) 67.69	7 Payee Address; City; State; Zip 100 Pitts St El Paso, TX 79912
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Office Birthday luncheon
Date 05/03/2024	Payee name charcoaler
Amount (\$) 37.44	Payee Address; City; State; Zip 5837 N. Mesa El Paso, TX 79912
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information required.) office lunch
Date 04/08/2024	Payee name walgreens
Amount (\$) 17.28	Payee Address; City; State; Zip 2800 N. Mesa El Paso, TX 79901
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 for office