

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

453836634

2 Total pages filed:

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

Lizzy

A

OFFICE USE ONLY

NICKNAME

LAST

SUFFIX

Date Received

Newsome

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2919 O'Henry Dr.

Laredo, Tx 78041

Change of Address

5 CANDIDATE/

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

OFFICEHOLDER
PHONE

(956)

2514699

Receipt #

Amount \$

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Date Processed

Date Imaged

Darlene

M

Rogers

**7 CAMPAIGN
TREASURER
ADDRESS**

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

509 Surrey Rd Laredo, Tx

(Residence or Business)

**8 CAMPAIGN
TREASURER**

AREA CODE

PHONE NUMBER

EXTENSION

PHONE

(956)

282-2080

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

**10 PERIOD
COVERED**

Month

Day

Year

Month

Day

Year

9

26

24

THROUGH

10

28

24

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

Primary

Runoff

Other
Description
Office holder

11

5

24

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Laredo College Board #5

**14 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Additional

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Lizzy Ann Newsome Campaign Account

16 Filer ID (Ethics Commission Filers)
453836634**17 CONTRIBUTION
TOTALS**

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9070

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10258.41

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 3560.09

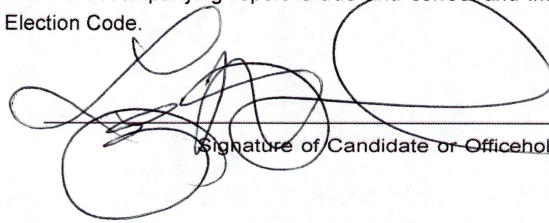
**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 200

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn DeclarationMy name is Lizzy Newsome, and my date of birth is 08/31/1972.My address is 2919 O'Henry, Laredo, TX, 78041, USA.

(street)

(city)

(state)

(zip code)

(country)

Executed in Webb County, State of Texas, on the 05 day of October, 20 24.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Lizzy Ann Newsome		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9070
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 200
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10258.41
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

Reset Form

Reset Page

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Lizzy Ann Newsome Campaign Account

3 Filer ID (Ethics Commission Filers)
4538366344 Date
10/2
2/20
24

5 Full name of contributor

out-of-state PAC (ID#

Vicente Morales

6 Contributor address;

City;

State;

Zip Code

217 W. Village Bld. Laredo Tx 78045

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/27/
2024

Full name of contributor

out-of-state PAC (ID#

James Bonugli

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/
2024

Full name of contributor

out-of-state PAC (ID#

MMT Rentals

Contributor address;

City;

State;

Zip Code

3715 San Dario Laredo, TX 78041

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/04
/2024

Full name of contributor

out-of-state PAC (ID#

Altgelt Law Office

Contributor address;

City;

State;

Zip Code

219 E. Del Mar Ste. 2 Laredo, TX 78041

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.**The Instruction Guide explains how to complete this form.****1** Total pages Schedule A1:**2** FILER
NAME**Lizzy Newsome****3** Filer (Ethics Commission
ID Filers) 453836634**4** Date
9/27/2024**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)Splash Pools
3920 Santa Ursela Ave Laredo, TX 78041**6** Contributor address; City; State; Zip Code**7** Amount of contribution (\$)**125.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**
9/27/2024Full name of contributor ☐ out-of-state PAC (ID#: _____)Elizabeth Salazar
4103 Morelia Dr. Laredo, TX 78046
Contributor address; City; State; Zip Code

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/27/2024Full name of contributor ☐ out-of-state PAC (ID#: _____)

Sandra Trevino

4302 Monterrey Ace. Laredo, TX 78041
Contributor address; City; State; Zip Code

Amount of contribution (\$)

55.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/2/2024Full name of contributor ☐ out-of-state PAC (ID#: _____)

Cas Cabello Enterprise LLC

2915 Robert Frost Laredo, TX 78041
Contributor address; City; State; Zip Code

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1**If the requested information is not applicable, DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Lizzy Newsome	
3 Filer ID (Ethics Commission Filers) 453836634		
4 Date 10/4/2024	8 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mande Bonugli 9 Contributor address; City; State; Zip Code Laredo, Tx 78041	
		7 Amount of contribution (\$) 40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/4/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnny Bonugli Laredo, TX..... Contributor address; City; State; Zip Code Laredo, Tx 78041	
		Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/4/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonia Chapa..... Contributor address; City; State; Zip Code Laredo, TX 78041	
		Amount of contribution(\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/4/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margie Montemayor..... Contributor address; City; State; Zip Code 1000 Ranchway #93 Laredo, TX 78045	
		Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		
MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report.		

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Lizzy Newsome	
		3 Filer ID (Ethics Commission Filers) 453836634
4 Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) People Business Solutions LLC Contributor address; City; State; Zip Code PO Box 3676 Laredo, Tx 78044	Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crystal Venegas Contributor address; City; State; Zip Code	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez Druker Law Firm, PLLC. 1119 Houston St Laredo, Tx 78040 Contributor address; City; State; Zip Code	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/4/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RP Cardsystems LLC Contributor address; City; State; Zip Code 1705 Del Mar Laredo, TX 78041	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED RPIf contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		
MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report.		

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Lizzy Newsome	
3 Filer ID (Ethics Commission Filers) 453836634		
4 Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Esther Firova & Dan Firova Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laredo Facilitators LLC Contributor address; City; State; Zip Code 5218 Nevera Loop Laredo, Tx 78043	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bowling Fundraiser 16 players paid \$40 each and \$30 donation Contributor address; City; State; Zip Code	Amount of contribution (\$) 710.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jensa Group LLC Contributor address; City; State; Zip Code 502 Enterprise Laredo Tx. 78041	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

2 FILER NAME Lizzy Newsome		3 Filer ID (Ethics Commission Filers) 453836634
4 Date 10/24/24	10 state PAC (ID#: _____) <input type="checkbox"/> Full name of contributor out-of- Meynardo Montemayor 701 Puig Laredo, TX 78045 11 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elite Services Contributor address; City; State; Zip Code 6550 Springfield Laredo TX 78043	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerardo Sanchez Contributor address; City; State; Zip Code 8509 Crownwood Laredo, TX 78045	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Triple A Promotions Contributor address; City; State; Zip Code 3204 Locust Laredo, TX 78043	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME		Lizzy Newsome		3 Filer ID (Ethics Commission Filers) 453836634	
4 Date	12 state PAC (ID# _____) <input type="checkbox"/> Full name of contributor out-of- Elizabeth Pena..... 13 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100.00			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 10/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodolfo Bazan Laurel 302 International Blvd. Laredo, Tx 78045 Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlos R. Bazan Laurel..... 302 International Blvd. Laredo, Tx 78045 Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10/1/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Triana Celina Bazan Laurel..... 302 International Blvd. Laredo, Tx 78045 Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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2 FILER NAME Lizzy Newsome		3 Filer ID (Ethics Commission Filers) 453836634
4 Date 10/2/2024	14 state PAC (ID# _____) <input type="checkbox"/> Full name of contributor out-of- Mateo Reyes MD Contributor address; City; State; Zip Code 3527 Jaime Zapata Hwy #101 Laredo TX 78043	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CC Ent Contributor address; City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harry & Magdalena Bonugli Contributor address; City; State; Zip Code Laredo, Tx 78045	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) . Laredo, Tx 78045 Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Lizzy Ann Newsome Campaign Account		3 Filer ID (Ethics Commission Filers) 453836634	
4 Date 9/30/24		5 Payee name Promega Signs			
6 Amount (\$) 2000.00		6 Payee address; City; State; Zip C 1516 Jacaman Rd. Laredo, TX 78041			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description 16 (50) 4x8 signs		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/27/2024		Candidate / Officeholder name Sushi Madre			
Amount (\$) 28.11		Payee address; City; Lareo State; Tx Zip Code 8610 McPherson Laredo, TX 78041			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and beverage Expenses		Description Sushi Lunch and drink		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/21/2024		Candidate / Officeholder name Facebook *2LZG2DLA Menlo Park CA#3513			
Amount (\$) 2.00		Payee address; City; State; Zip Code Menlo Park CA#3513 Laredo, TX 78041			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description Facebook advertisement		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Lizzy Ann Newsome Campaign Account		3 Filer ID (Ethics Commission Filers) 453836634	
4 Date 10/21/2024		5 Payee name Sams Club			
6 Amount (\$) 70.78		7 Payee address; City; State; Zip C 4810 San Benardo			
8 PURPOSE OF EXPENDITURE	(c) Category (See Categories listed at the top of this schedule) Event Expense		(d) Description Trunk n Treat candy		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/21/2024		Candidate / Officeholder name KLDO-TV			
Amount (\$) 3595.50		Payee address; City; State; Zip Code 222 Bob Bullock Lp Laredo, TX 78041			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Commercial advertisement		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/21/2024		Candidate / Officeholder name Danny's Restaurant			
Amount (\$) 143.21		Payee address; City; State; Zip Code 4320 McPherson Rd Laredo TX 78041			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverages		Description Polling crew food expense		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name			
		Office sought			
		Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Lizzy Ann Newsome Campaign Account		3 Filer ID (Ethics Commission Filers) 453836634	
4 Date 10/17/2024		5 Payee name Valero			
6 Amount (\$) 68.20		8 Payee address; 2004 Santa Maria		City; Laredo	State; Tx
				Zip C 78045	
8 PURPOSE OF EXPENDITURE	(e) Category (See Categories listed at the top of this schedule) Polling expense		(f) Description Gas and snacks		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/17/2024		Candidate / Officeholder name Taco Palenque			
Amount (\$) 46.72		Payee address; 2115 Saunders		City; Laredo	State; TX
				Zip Code 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage		Description Tacos		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/15/2024		Candidate / Officeholder name Pla-Mor			
Amount (\$) 754.30		Payee address; 2819 Bob Bullock		City; Laredo	State; Tx
				Zip Code 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Meet		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
		Office sought		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Lizzy New some	3 Filer ID (Ethics Commission Filers) 453 83 6634
4 Date 9-30-24	5 Payee name Mike Villarreal Rapid Signs & Multimedia	
6 Amount (\$) 2000.00	7 Payee address, City, State, Zip Code 3901 Mc Pherson Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Vote for lizzy signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date Oct 26, 2024	Payee name Home Depot	
Amount (\$) 36.23	Payee address, City, State, Zip Code 5710 San Bernardo Laredo, TX 7804	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Steel T-post, zip ties
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10-26-24	Payee name Hungry Howies	
Amount (\$) 20.46	Payee address, City, State, Zip Code 2019 Del Mar Blvd suite 500 Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food / Beverage Expense	Description Pizza
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 Lizzy Newsome	3 Filer ID (Ethics Commission Filers) 453 83 6634
4 Date 10-9-24	5 Payee name HEB gas	
6 Amount (\$) 28.95	7 Payee address: 2314 Zapata Hwy	City: Laredo, TX State: Zip Code: 78046
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in District	(b) Description gas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10-9-24	Payee name HEB gas	
Amount (\$) 61.42	Payee address: 2314 Zapata Hwy	City: Laredo, TX State: Zip Code: 78046
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description waters, drinks, snacks for polling event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10-8-24	Payee name Patty Signs	
Amount (\$) 418.39	Payee address: 3008 Trinity Plaza	City: Laredo TX State: Zip Code: 78041
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Shirts, bumper stickers, 9 prints
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Lizzy Newsom		3 Filer ID (Ethics Commission Filers) 453 83 6634	
4 Date 10-15-24		5 Payee name KLDO-TV			
6 Amount (\$) 2,006.00		7 Payee address: 222 Bob Bullock Loop Laredo, TX 78045		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description commercial		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 10-15-24		Payee name HEB #045			
Amount (\$) 37.06		Payee address: 7811 McPherson		City: State: Zip Code Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description pan de dulce for pollers		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 10-10-24		Payee name The Sports Center			
Amount (\$) 372.23		Payee address: 4500 San Bernardo		City: State: Zip Code Laredo, TX 78043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Vote for Lizzy Shirts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 <i>Lizzy Newsome</i>	3 Filer ID (Ethics Commission Filers) <i>453 83 4634</i>
4 Date <i>10-27-24</i>	5 Payee Name <i>JACOS Kissi</i>	
6 Amount (\$) <i>68.85</i>	7 Payee address: <i>4402 McPherson</i>	City: <i>Laredo, TX</i> State: Zip Code: <i>78041</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense</i>	(b) Description <i>Tacos & drinks for pollers</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Lizzy Newsome		3 Filer ID (Ethics Commission Filers) 453-83 6634
4 TOTAL OF UNITEMIZED LOANS		\$ 200.00
5 Date of loan 10-23-24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Lizzy A. Newsome	9 Loan Amount (\$) 200.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code 2919 O'Henry Ln Ab Tx 78041	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

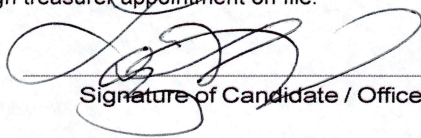
1 C/OH NAME

Lizzy Ann Newsome Campaign Account

2 Filer ID (Ethics Commission Filers)
453836634

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

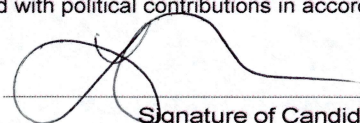
Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder