

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

06 SEP 25 10:49

FORM ACTA

PG 1

1 CANDIDATE NAME <i>Ann Morgan Lilly</i>	2 ACCOUNT #	3 Total pages filed: <i>1</i>																			
See ACTA INSTRUCTION GUIDE for detailed instructions. Use this form for changes to existing information only. Do not provide information previously disclosed.																					
4 CANDIDATE NAME	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">NEW</td> <td style="width:15%;">MS / MRS / MR</td> <td style="width:15%;">FIRST</td> <td style="width:15%;">MI</td> <td style="width:15%;">NICKNAME</td> <td style="width:15%;">LAST</td> <td style="width:10%;">SUFFIX</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX								<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:center;">OFFICE USE ONLY</th> </tr> <tr> <td style="padding: 2px;">Date Received</td> </tr> <tr> <td style="padding: 2px;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="padding: 2px;">Date Processed</td> </tr> <tr> <td style="padding: 2px;">Date Imaged</td> </tr> </table>	OFFICE USE ONLY	Date Received	Date Hand-delivered or Date Postmarked	Date Processed	Date Imaged
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		<i>(915) 587-0465</i>																			
12 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p style="text-align:center;"> <i>Ann Morgan Lilly</i> _____ Signature of Candidate </p> <p style="text-align:right;"> <i>9/13/06</i> _____ Date Signed </p>																				
GO TO PAGE 2																					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

06 SEP 13 P2:30

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">15</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS/MR) <u>MS</u> FIRST <u>Ann</u> MI <u>M</u> NICKNAME LAST SUFFIX <u>Lilly</u>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>700 Blacker Ave. El Paso TX 79902</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(915) 544-9564</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>William</u> MI NICKNAME LAST SUFFIX <u>Junior Ruiz Jr.</u>	Date Received	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>5616 Cortina Dr. El Paso TX 79912</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(915) 587-0465</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>7 / 5 / 06</u> <u>9 / 13 / 06</u>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any) <u>City Representative, Dist. #1</u>	13 OFFICE SOUGHT (if known)		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Ann M. Lilly

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$ *22,650⁰⁰*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *5302.70*

CONTRIBUTION BALANCE

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

\$ *19,739.38*

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT

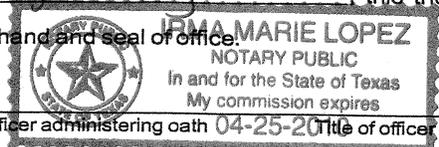
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ann Morgan Lilly
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Ann Morgan Lilly*, this the *13th* day of *September*, 20 *06*, to certify which, witness my hand and seal of office.

Ann Marie Lopez
Signature of officer administering oath



Printed name of officer administering oath *Ann Marie Lopez* Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 1

2 FILER NAME *Ann Morgan Lilly* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>8-23-06</i>	5 Payee name <i>Lancers Club</i>	7 Amount (\$) <i>1667.23</i>
6 Payee address; City; State; Zip Code <i>6006 N. Mesa El Paso TX 79912</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Fund raiser - hors d'oeuvres and drinks</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date <i>8-27-06</i>	Payee name <i>The Bevel Group</i>	Amount (\$) <i>3500.00</i>
Payee address; City; State; Zip Code <i>6006 N. Mesa #502 El Paso TX 79912</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Political Consultation Services</i>	9 ** Complete 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 payment (See instructions regarding type of information required.)	9 ** Complete 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 payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>8-23-06</i>	5 Payee name <i>Office Depot</i>	8 Amount (\$) <i>25.95</i>
6 Payee address; City; State; Zip Code <i>801 Sunland Park Dr, #8 El Paso TX 79912</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Note Cards of Thanks to supporters</i>		
Date <i>8-4-06</i>	Payee name <i>U.S. Post Office</i>	Amount (\$) <i>74.10</i>
Payee address; City; State; Zip Code <i>Coronado Station El Paso TX 79912</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Stamps</i>		
Date <i>8-30-06</i>	Payee name <i>J.B.'s Cafe</i>	Amount (\$) <i>24.61</i>
Payee address; City; State; Zip Code <i>5801 N. Mesa El Paso TX 79912</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Lunch with Wm. Ruiz, Campaign Treasurer</i>		
Date <i>9-5-06</i>	Payee name <i>Office Depot</i>	Amount (\$) <i>10.81</i>
Payee address; City; State; Zip Code <i>1111 Geronimo Dr, El Paso TX 79925</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Note Cards of Thanks to supporters</i>		
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>1 of 11</i>	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8-23-06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andy J. Winton</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>729 Los Miradores El Paso TX 79912</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margarita Caballero</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>416 Blacker Ave. El Paso TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Winton</i>	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6043 Lourdes Rd. Santa Teresa NM 88008</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-15-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harold Hahn</i>	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2244 Tronwood El Paso TX 79935</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Rogers</i>	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>701 Rim Rd. El Paso TX 79902</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>2 of 11</i>	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8-23-06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dexter Hyhyerly</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>	8 In-kind contribution description (if applicable) ✓
6 Contributor address; City; State; Zip Code <i>773 Via Cipro El P</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Beto O'Rourke</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>1810 E. Cliff St. El Paso, TX 79902</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Allost</i>	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>941 Vereda Del Valle Ave. El Paso TX 79938</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Dyer</i>	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>1301 Desierto Rico Ave. El Paso TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan Rowe</i>	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>905 Via Descanso El Paso TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: *3 of 11*

2 FILER NAME
Ann Morgan Lilly

3 ACCOUNT # (Ethics Commission filers)

4 Date *8-23-06* 5 Full name of contributor out-of-state PAC (ID#: _____)
Helen Knopp

7 Amount of contribution (\$) *100.00* 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
5756 Box Elder El Paso TX 79932

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date *8-23-06* Full name of contributor out-of-state PAC (ID#: _____)
Wm. Ruiz
Contributor address; City; State; Zip Code
5616 Cortina Dr. El Paso TX 79912

Amount of contribution (\$) *100.00* In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *8-23-06* Full name of contributor out-of-state PAC (ID#: _____)
R.C. Barnett
Contributor address; City; State; Zip Code
6524 Loma de Cristo Dr. El Paso TX 79912

Amount of contribution (\$) *300.00* In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *8-23-06* Full name of contributor out-of-state PAC (ID#: _____)
Mark Cioc
Contributor address; City; State; Zip Code
1201 Cincinnati El Paso TX 79902

Amount of contribution (\$) *250.00* In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *8-23-06* Full name of contributor out-of-state PAC (ID#: _____)
D.R. Marge
Contributor address; City; State; Zip Code
709 Blacker Ave. El Paso TX 79902

Amount of contribution (\$) *100.00* In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A:
4 of 13

2 FILER NAME *Ann Morgan Lilly* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>8-22-06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Doug Schwartz</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>	8 In-kind contribution description (if applicable) ✓
6 Contributor address; City; State; Zip Code <i>P.O. Box 13611 El Paso TX 79913</i>			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amy Schoemaker</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>504 La Cantara Dr. El Paso TX 79912</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Teri Froetschel</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>5757 Kingsfield El Paso TX 79912</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Glenn Walker</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>417 Lechuguilla Pt. El Paso, TX 79912</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa O'Rourke</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>6041 Torrey Pines Dr. El Paso TX 79912</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 5 of 11

2 FILER NAME
Ann Morgan Lilly

3 ACCOUNT # (Ethics Commission filers)

4 Date: 8-23-06
5 Full name of contributor: Wm. Rogers
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code:
42 Goodwin Ln, El Paso, TX 79902

7 Amount of contribution (\$): 250⁰⁰
8 In-kind contribution description (if applicable): ✓

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: 8-23-06
Full name of contributor: Risher Gilbert
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
615 E Hague El Paso TX 79902

Amount of contribution (\$): 500⁰⁰
In-kind contribution description (if applicable): ✓

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 8-23-06
Full name of contributor: Robert Gilbert
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
615 E. Hague El Paso TX 79902

Amount of contribution (\$): 500⁰⁰
In-kind contribution description (if applicable): ✓

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 8-16-06
Full name of contributor: John Martin
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
609 Mt. Cristo Rey El Paso TX 79922

Amount of contribution (\$): 1000⁰⁰
In-kind contribution description (if applicable): ✓

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 8-24-06
Full name of contributor: Katherine Brannan
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code:
6006 Balcones Ct. El Paso TX 79912

Amount of contribution (\$): 100⁰⁰
In-kind contribution description (if applicable): ✓

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>6 of 11</i>	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8-23-06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann Horak</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>617 Cincinnati, El Paso TX 79902</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8-15-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronald D. Acosta</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1376 Emerald Gate Ln, El Paso TX 79936</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-15-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Hagan</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>741 Cresta Mira Dr, El Paso TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-18-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. R. Brown</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6949 Market St, El Paso TX 79915</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-31-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan O'Leary</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7100 Westwind Dr, El Paso TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <i>7 of 11</i>	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8-23-06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reeci Mulvehill</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>312 Crimson Cloud Ln. El Paso, TX 79912</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ed Abbott</i>	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8600 SW 139th Terrace Miami FL 33158</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thos. Pendergast</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4695 N. Mesa El Paso TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phillip Bergman</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>423 Crown Point Dr El Paso TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-23-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Herschel Stringfield</i>	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>340 Avenida Mirador Santa Teresa NM 88008</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A: 8 of 11

2 FILER NAME *Ann Morgan Lilly* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>8-23-06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Garmed Jose Rodriguez</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable) ✓
6 Contributor address; City; State; Zip Code <i>1521 Camino Alto El Paso TX 79902</i>			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>8-10-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jack L. Marcus</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>711 Blanchard El Paso TX 79902</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>8-14-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>H. Harris Hatfield</i>	Amount of contribution (\$) <i>125⁰⁰</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>1039 Los Sardines Cir. El Paso TX 79912</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>8-14-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kay C. Hatfield</i>	Amount of contribution (\$) <i>125⁰⁰</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>1039 Los Sardines Cir. El Paso TX 79912</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>8-20-06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>W. Barton Baling</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable) ✓
Contributor address; City; State; Zip Code <i>6154 Los Felinos Cir. El Paso TX 79912</i>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: *9 of 11*

2 FILER NAME *Ann Morgan Lilly*

3 ACCOUNT # (Ethics Commission filers)

4 Date *8-15-06*
5 Full name of contributor out-of-state PAC (ID#: _____)
F. W. Goeman
6 Contributor address; City; State; Zip Code
1606 Dedehn, El Paso TX 79902

7 Amount of contribution (\$) *100⁰⁰*
8 In-kind contribution description (if applicable) ✓

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date *8-15-06*
Full name of contributor out-of-state PAC (ID#: _____)
John Kemp
Contributor address; City; State; Zip Code
303 Texas Ave El Paso TX 79901

Amount of contribution (\$) *250⁰⁰*
In-kind contribution description (if applicable) ✓

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *8-17-06*
Full name of contributor out-of-state PAC (ID#: _____)
Mrs. R. H. Fewille
Contributor address; City; State; Zip Code
1021 Broadmoor El Paso TX 79912

Amount of contribution (\$) *100⁰⁰*
In-kind contribution description (if applicable) ✓

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *8-12-06*
Full name of contributor out-of-state PAC (ID#: _____)
Mrs. J. D. Schwartz, Jr.
Contributor address; City; State; Zip Code
6006 Balcones Ct. El Paso TX 79912

Amount of contribution (\$) *100⁰⁰*
In-kind contribution description (if applicable) ✓

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *8-21-06*
Full name of contributor out-of-state PAC (ID#: _____)
Sandra S. Hoover
Contributor address; City; State; Zip Code
54 Sun Point Ln. El Paso, TX 79912

Amount of contribution (\$) *200⁰⁰*
In-kind contribution description (if applicable) ✓

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10 of 11

2 FILER NAME

Ann Morgan Lilly

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-20-06

5 Full name of contributor out-of-state PAC (ID#: _____)

L. W. Thomson

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3942 Flamingo Dr. El Paso TX 79902

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-23-06

Full name of contributor out-of-state PAC (ID#: _____)

Lynn C. Martin

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5138 Thornton St. El Paso TX 79932

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-14-06

Full name of contributor out-of-state PAC (ID#: _____)

Mary R. Haynes

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

704 Lakeshore Dr. El Paso TX 79932

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-16-06

Full name of contributor out-of-state PAC (ID#: _____)

Steven T. Yellen

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

925 McKelligon Dr. El Paso TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-5-06

Full name of contributor out-of-state PAC (ID#: _____)

Judith C. Kohlhaas

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

821 Rim Rd. El Paso TX 79902

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

11 of 11

2 FILER NAME

Ann Morgan Lilly

3 ACCOUNT # (Ethics Commission filers)

4 Date

9-5-06

5 Full name of contributor out-of-state PAC (ID#: _____)

Linda J. Moore

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

519 E. Hague El Paso TX 79902

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9-6-06

Full name of contributor out-of-state PAC (ID#: _____)

Richard L. Thomas

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5788 N. Mesa El Paso TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-4-06

Full name of contributor out-of-state PAC (ID#: _____)

Lina Ortega

Amount of contribution (\$)

~~68.13~~

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1201 Cincinnati El Paso TX 79902

Invitations for Fund Raiser
68.13

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-18-06

Full name of contributor out-of-state PAC (ID#: _____)

Jonathan D. Schwartz, Jr.

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6006 Balcones Ct, El Paso TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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