

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

CITY CLERK DEPT
05 JUL 14 PM 3:21

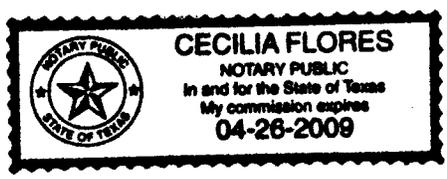
15 C/OH NAME Ann Morgan Lilly 16 ACCOUNT # (Ethics Commission filers)

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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)	\$ 7150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5039.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 856.61
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 14th day of July, 2005, to certify which, witness my hand and seal of office.

Cecilia Flores
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

05 JUL 14 PM 3:21

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

Ann Morgan Lilly

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-24-05

5 Full name of contributor

W. Barton Boling

out-of-state PAC (ID#)

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

6154 Los Felinos Cir., El Paso, TX. 79912

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-25-05

Full name of contributor

Richard C. Bonart

out-of-state PAC (ID#)

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6524 Loma de Cristo, El Paso, TX. 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-24-05

Full name of contributor

Socorro M. Alford

out-of-state PAC (ID#)

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Montoya Oak Ln, El Paso, TX. 79932

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-26-05

Full name of contributor

Elizabeth M. Brown

out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5828 Vista Corona Ct, El Paso, TX. 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-30-05

Full name of contributor

Betty D. Hervey

out-of-state PAC (ID#)

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**4261 Camino Allegre Dr, El Paso, TX
79912**

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

CITY CLERK DEPT.
05 JUL 14 PM 3:21

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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** **CLERK DEPT.**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

05 JUL 14 PM 3:21

Total pages Schedule A: 3

2 FILER NAME <i>Ann Morgan Lilly</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <i>6-1-05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William H. Rogers</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>42 Goodwin Ln., El Paso, TX, 79902</i>			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date <i>6-2-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John E. Moya</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>800 Blanchard Ave, El Paso, TX, 79902</i>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>6-4-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ernest O. Brock</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1613 Dede Ln., El Paso, TX, 79902</i>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>6-4-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth H. McAlmon</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>15 Silent Crest, El Paso, TX, 79908</i>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>6-6-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda B. Moore</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>519 Hague St, El Paso, TX, 79902</i>			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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
CITY CLERK DEPT.**

05 JUL 14 PM 3:21

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>3</u>	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6-24-05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eliot Shapleigh</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>701 N. St. Vrain, El Paso, TX, 79902</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7-8-05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clear Channel</i>	Amount of contribution (\$) <i>3950.00</i>	In-kind contribution description (if applicable) <i>\$3950.00 Billboard space Donation for "Thank you" to voters</i>
Contributor address; City; State; Zip Code <i>2305 Sparkman St., El Paso, TX, 79903</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
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.

05 JUL 14 PM 3:21
SCHEDULE F

POLITICAL EXPENDITURES

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **2**

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

4 Date 6-2-05	5 Payee name Collegiate Creations, Inc.	7 Amount (\$) 86⁰⁰
6 Payee address; City; State; Zip Code 6425 Boeing #B-4, El Paso, TX, 79925		CK#111

8 Purpose of payment (See instructions regarding type of information required.) Tee Shirts	9 <input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 6-2-05	Payee name Ann Morgan Lilly	Amount (\$) 2350⁹⁹
Payee address; City; State; Zip Code 700 Blacker Ave, El Paso, TX, 79902		CK#112

Purpose of payment (See instructions regarding type of information required.) Reimbursement for Geo-Direct Mailings	9 <input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 6-4-05	Payee name Cowboy Cooks	Amount (\$) 560⁰⁰
Payee address; City; State; Zip Code 10540 Gateway East, El Paso, TX, 79927		CK#113*114

Purpose of payment (See instructions regarding type of information required.) Campaign Dinner	9 <input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 6-15-05	Payee name Ann M. Lilly	Amount (\$) 1000⁰⁰
Payee address; City; State; Zip Code 700 Blacker Ave, El Paso, TX, 79902		CK#115

Purpose of payment (See instructions regarding type of information required.) Reimbursement	9 <input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES **CITY CLERK DEPT. SCHEDULE F**
05 JUL 14 PM 3:21

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: 2

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

4 Date <u>6-20-05</u>	5 Payee name <u>E.R. Lilly</u>	7 Amount (\$) <u>150⁰⁰</u> <u>CHK #116</u>
6 Payee address; City; State; Zip Code <u>700 Blacker Ave, El Paso, TX, 79902</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Reimbursement for Tennis Club</u>	9 <input checked="" type="checkbox"/> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

**CITY CLERK DEPT. G
SCHEDULE G
05 JUL 14 PM 3:21**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME Ann Morgan Lilly

3 ACCOUNT # (Ethics Commission filers)

4 Date
5-25-05

5 Payee name
Worldwide Printing

8 Amount (\$)
150⁰⁰

6 Payee address; City; State; Zip Code
4771 N. Resler, El Paso, TX. 79912

7 Purpose of expenditure (See instructions regarding type of information required.)
Banners

Reimbursement from political contributions intended

Date
5-29-05

Payee name
Office Depot

Amount (\$)
42¹⁹

Payee address; City; State; Zip Code
801 Sunland Park #B, El Paso, TX. 79912

Purpose of expenditure (See instructions regarding type of information required.)
Flyers

Reimbursement from political contributions intended

Date
5-29-05

Payee name
Office Max

Amount (\$)
~~179⁰⁵~~
179⁷⁴

Payee address; City; State; Zip Code
655 F Sunland Park Dr, El Paso, TX, 79912

Purpose of expenditure (See instructions regarding type of information required.)
Toner, Brochures

Reimbursement from political contributions intended

Date
6-1-05

Payee name
Home Depot

Amount (\$)
36⁹⁶

Payee address; City; State; Zip Code
7545 N. Mesa, El Paso, TX. 79912

Purpose of expenditure (See instructions regarding type of information required.)
Planters

Reimbursement from political contributions intended

Date
6-1-05

Payee name
Costco

Amount (\$)
141³⁴

Payee address; City; State; Zip Code
6101 W. Gateway El Paso, TX. 79925

Purpose of expenditure (See instructions regarding type of information required.)
Drinks

Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

**CITY CLERK DEPT
SCHEDULE H
05 JUL 14 PM 3:21**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 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	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	** 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**

CITY CLERK SCHEDULE G

05 JUL 14 PM 3:21

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: *2*

2 FILER NAME

Ann Morgan Lilly

3 ACCOUNT # (Ethics Commission filers)

4 Date

6-3-05

5 Payee name

Walgreens

6 Payee address; City; State; Zip Code

2800 N. Mesa St., El Paso, TX, 79902

8 Amount (\$)

20.16

7 Purpose of expenditure (See instructions regarding type of information required.)

Posterboards

Reimbursement from political contributions intended

Date

6-2-05

Payee name

Lowe's

Payee address; City; State; Zip Code

430 Redd Rd. El Paso, TX, 79932

Amount (\$)

11.33

Purpose of expenditure (See instructions regarding type of information required.)

Quikrete

Reimbursement from political contributions intended

Date

6-6-06

Payee name

Barnes & Noble

Payee address; City; State; Zip Code

705 Sunland Park Dr., El Paso, TX, 79912

Amount (\$)

10.28

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

5-20-06

Payee name

El Diario

Payee address; City; State; Zip Code

1801 Texas Ave., El Paso, TX, 79901

Amount (\$)

300.00

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

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