



CITY CLERK DEPT.

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH

COVER SHEET PG 2

APR 28 PM 3:10

15 C/OH NAME

*Ann Morgan Lilly*

16 ACCOUNT # (Ethics Commission files)

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 1750.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 12,844.50

CONTRIBUTION BALANCE

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

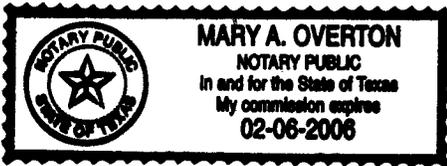
\$ 1907.41

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Ann Lilly, this the 28th day of April, 2005, to certify which, witness my hand and seal of office.

*Mary A. Overton*  
Signature of officer administering oath

MARY A. OVERTON  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**CITY CLERK DEPT.**  
**05 APR 28 PM 3:12**

**SCHEDULE A**

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

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

4 Date <b>3-30-05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judith C. Kohlhaas</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>821 Rimm Rd, El Paso TX 79902</b>			

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

Date <b>4-4-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Phillip E. Bargman</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>423 Crown Point Dr, El Paso, TX, 79912</b>			

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

Date <b>4-6-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tracy Yellen</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>925 McKelligon El Paso, TX, 79902</b>			

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

Date <b>4-14-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard C. Bonart</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6524 Loma De Cristo El Paso, TX, 79912</b>			

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

Date <b>4-14-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William H. Rogers</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>42 Goodwin Ln, El Paso, TX, 79902</b>			

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**

CITY CLERK DEPT.

**SCHEDULE A**

05 APR 28 PM 3:12

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME <b>Ann Morgan Lilly</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4-15-05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kay Lassiter</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1115 Kerby El Paso, TX. 79902</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4-17-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edith S. Brannon</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>713 Blacker Ave, El Paso, TX, 79902</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4-18-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>W. Barton Boling</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6154 Los Felinos Cir, El Paso, TX,</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4-24-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judith C. Kohlhaas</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>821 Rinn Rd, El Paso, TX. 79902</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4-25-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dana Roberts</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7370 Remcon Cir. El Paso, TX. 79912</b>			
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 EXPENDITURES**

05 APR 28 PM 3:12

**SCHEDULE F**

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

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

4 Date <i>4-14-05</i>	5 Payee name <i>Go Direct</i>	7 Amount (\$) <i>1767.59</i>
6 Payee address; City; State; Zip Code <i>8400 Boeing Dr. El Paso, TX. 79925</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Mailing</i>	9 <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Officeholder name <input type="checkbox"/> Office sought <input type="checkbox"/> Office held <i>Complete if direct expenditure to benefit C/OH</i>
---	---

Date <i>4-26-05</i>	Payee name <i>Velocity</i>	Amount (\$) <i>525.00</i>
Payee address; City; State; Zip Code <i>3500 Gateway East El Paso, TX. 79905</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Banners, Flags</i>	9 <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Officeholder name <input type="checkbox"/> Office sought <input type="checkbox"/> Office held <i>Complete if direct expenditure to benefit C/OH</i>
--	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT. **SCHEDULE G**

05 APR 28 PM 3:12

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **5**

2 FILER NAME

*Ann Morgan Lilly*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*4-5-05*

5 Payee name

*Office Depot*

8 Amount (\$)

*226.11*

6 Payee address; City; State; Zip Code

*801 Sunland Park Dr, #B El Paso, TX 79912*

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

*Flyers, Postcards*

Reimbursement from political contributions intended

Date

*4-6-05*

Payee name

*Costco*

Amount (\$)

*22.80*

Payee address; City; State; Zip Code

*Bassett Center El Paso, TX 79925*

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

*Xerox, Arrow Paper*

Reimbursement from political contributions intended

Date

*4-7-05*

Payee name

*Office Depot*

Amount (\$)

*252.19*

Payee address; City; State; Zip Code

*801 Sunland Park Dr, #B El Paso, TX, 79912*

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

*Toner*

Reimbursement from political contributions intended

Date

*4-8-05*

Payee name

*Costco*

Amount (\$)

*100.53*

Payee address; City; State; Zip Code

*Bassett Center El Paso, TX, 79925*

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

*Soft Drinks, Coffee, Cookies*

Reimbursement from political contributions intended

Date

*4-7-05*

Payee name

*Office Max*

Amount (\$)

*44.58*

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.)

*Post Cards, 100 ct.*

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY CLERK DEPT.

SCHEDULE G

05 APR 28 PM 3:12

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 5

2 FILER NAME

Ann Morgan Lilly

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-8-05

5 Payee name

Office Depot

6 Payee address; City; State; Zip Code

801 Sunland Park Dr. #B El Paso, TX 79912

8 Amount (\$)

80.09

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

Toner

Reimbursement from political contributions intended

Date

4-8-05

Payee name

Hewlett Packard

Payee address; City; State; Zip Code

HP Shopping.com

Amount (\$)

193.98

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

Laser Jet Imaging Drum

Reimbursement from political contributions intended

Date

4-9-05

Payee name

Office Depot

Payee address; City; State; Zip Code

801 Sunland Park Dr. El Paso, TX 79912

Amount (\$)

238.12

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

Ink Cartridges

Reimbursement from political contributions intended

Date

4-11-05

Payee name

Office Max

Payee address; City; State; Zip Code

655 F Sunland Park Dr. El Paso, TX 79912

Amount (\$)

278.16

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

Toner

Reimbursement from political contributions intended

Date

4-11-05

Payee name

Office Depot

Payee address; City; State; Zip Code

801 Sunland Park Dr. #B El Paso, TX 79912

Amount (\$)

100.32

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

3 Ink Cartridges

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

**SCHEDULE G**

05 APR 28 PM 3:12

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **5**

2 FILER NAME

*Ann Morgan Lilly*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*4-12-05*

5 Payee name

*Office Max*

6 Payee address; City; State; Zip Code

*655 F Sunland Park Dr. El Paso, TX 79912*

8 Amount (\$)

*198.98*

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

*Toner*

Reimbursement from political contributions intended

Date

*4-14-05*

Payee name

~~Direct~~ *Paper Chase*

Payee address; City; State; Zip Code

*2601 N. Misa, El Paso, TX, 79902*

Amount (\$)

*112.04*

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

*Flyers*

Reimbursement from political contributions intended

Date

*4-12-05*

Payee name

*Office Depot*

Payee address; City; State; Zip Code

*801 Sunland Park Dr. #B El Paso, TX, 79912*

Amount (\$)

*225.02*

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

*Ink Cartridges, 3*

Reimbursement from political contributions intended

Date

*2-12-05*

Payee name

*Eric Pearson*

Payee address; City; State; Zip Code

*714 E. University El Paso, TX 79902*

Amount (\$)

*5753.08*

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

*Radio Ads*

Reimbursement from political contributions intended

Date

*4-12-05*

Payee name

~~Office Depot~~ *Hewlett Packard*

Payee address; City; State; Zip Code

~~801 Sunland Park Dr. #B, El Paso, TX 79912~~

*HP Shopping.com*

Amount (\$)

~~725.02~~  
*198.98*

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

~~HP~~ *Laser Imaging Drum*

Reimbursement from political contributions intended

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY CLERK DEPT.

SCHEDULE G

05 APR 28 PM 3:12

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **5**

2 FILER NAME **Ann Morgan Lilly**

3 ACCOUNT # (Ethics Commission filers)

4 Date **4-13-05**

5 Payee name **Mail Boxes, ETC**

8 Amount (\$)

6 Payee address; City; State; Zip Code  
**2626 N. Mesa, El Paso, TX, 79902**

**147.96**

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

Reimbursement from political contributions intended

Date **4-13-05**

Payee name **Office Depot**

Amount (\$)

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

**64.90**

Purpose of expenditure (See instructions regarding type of information required.)  
**Post Cards, 50 ct.**

Reimbursement from political contributions intended

Date **4-15-05**

Payee name **Office Depot**

Amount (\$)

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

**172.10**

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

Reimbursement from political contributions intended

Date **4-15-05**

Payee name **ARSPEC**

Amount (\$)

Payee address; City; State; Zip Code  
**3019 E. Yandell El Paso, TX 79903**

**108.25**

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

Reimbursement from political contributions intended

Date **4-17-05**

Payee name **Office Depot**

Amount (\$)

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

**253.25**

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

Reimbursement from political contributions intended

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY CLERK DEPT.

SCHEDULE G

05 APR 28 PM 3:12

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 5

2 FILER NAME

Ann Morgan Lilly

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-19-05

5 Payee name

Go Direct

6 Payee address; City; State; Zip Code

8400 Boeing Dr. El Paso, TX, 79925

8 Amount (\$)

1727.97

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

Mail Service

Reimbursement from political contributions intended

Date

4-24-05

Payee name

Office Depot

Payee address; City; State; Zip Code

901 Sunland Park Dr. #B El Paso, TX 79912

Amount (\$)

52.45

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

Flyers, Post Cards

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED