

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / <input checked="" type="checkbox"/> MRS / MR FIRST MI Anna M. NICKNAME LAST SUFFIX Lilly	OFFICE USE ONLY Date Received CITY CLERK 2011 MAY -5 DEPT. Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 700 Blacker Ave. El Paso TX 79902		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 544-9564		
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="checkbox"/> MR FIRST MI William NICKNAME LAST SUFFIX Junior Ruiz		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5615 Cortina Dr. El Paso TX 79912		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 587-0465		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" 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 4 / 5 / 11 5 / 4 / 11		
11 ELECTION	ELECTION DATE Month Day Year 5 / 14 / 11	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City Representative, Dist. #1	13 OFFICE SOUGHT (if known) Same	
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		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

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

17 NOTICE FROM POLITICAL COMMITTEE(S)

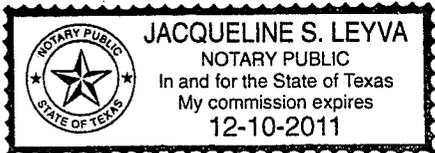
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<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

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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)	\$ 18,650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,634.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7318.32
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 5th day of May, 20 11, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva Jacqueline S. Leyva Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 31 of 14

2 FILER NAME

Ann Morgan Lilly

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-6-11

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

Shari Schwartz

7 Amount of contribution (\$)

200⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1025 Singing Hills Dr.
El Paso, TX 79912

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

4-7-11

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

Frank W. German

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1006 Dede Ln.
El Paso, TX 79902

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

4-7-11

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

Elizabeth A. McAlman

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1817 Kansas St.
El Paso, TX 79902

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

4-11-11

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

Samuel Smith

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

516 Blacker Ave.
El Paso, TX 79902

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

4-12-11

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

J.W. Rogers, Jr.

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1000 Dede Ln.
El Paso, TX 79902

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.

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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: 1 2 of 14	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4-12-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lory Goldberg</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>808 Blanchard Ave El Paso, TX 79902</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James E. Rogers, Jr.</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2505 Missouri Ave, El Paso, TX 79903</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John E. Moya</i>	Amount of contribution (\$) <i>150⁰⁰</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)	
Date <i>4-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>H. Harris Hatfield</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1039 Los Jardines Cir, El Paso, TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathon D. Schwartz, Jr.</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6006 Balcones Ct. #14 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: <u>3 of 14</u>	
2 FILER NAME <u>Ann Morgan Lilly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-13-11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Emma C. Spaldina</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>920 Blanchard Ave. El Paso, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4-12-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe Cardenas</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6105 Camino Alegre Dr. El Paso, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-12-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jan Guynes Mc Nutt</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6153 Los Felinos El Paso, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-12-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ward L. Koehler</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3831 O'Keefe El Paso, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-12-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Evelina Ortega</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1201 Cincinnati El Paso, TX 79902</u>		(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: <u>4 of 14</u>	
2 FILER NAME <u>Ann Morgan Lilly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-12-11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Lillian M. Bristol</u> 6 Contributor address; City; State; Zip Code <u>2009 Campbell St. El Paso, TX 79902</u>	7 Amount of contribution (\$) <u>150⁰⁰</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4-12-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Christopher Paul Charron</u> Contributor address; City; State; Zip Code <u>730 McKelligon Dr. El Paso, TX 79902</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-12-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Iris B. Burnham</u> Contributor address; City; State; Zip Code <u>789 Clay Court El Paso, TX 79932</u>	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-12-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Judith Rothbardt</u> Contributor address; City; State; Zip Code <u>423 Crown Point Dr. El Paso, TX 79912</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-12-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Les Parker</u> Contributor address; City; State; Zip Code <u>293 Puerta Del Sol El Paso, TX 79912</u>	Amount of contribution (\$) <u>500⁰⁰</u>	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: 5 of 14	
2 FILER NAME Ann Morgan Lilly		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-3-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydia C. Muniz	7 Amount of contribution (\$) 150⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4412 Wallington El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-12-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Ruiz, Jr.	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5016 Cortina Dr El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-12-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary A. Lyberly	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 773 Via Cipro El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-12-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B. R. Brannon	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 713 Blacker Ave. El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-11-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard V. Teschner	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 N. Stanton St, #302 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: <i>6 of 14</i>	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-4-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Sam Moore</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3941 Flamingo Dr, El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard L. Thomas</i>	Amount of contribution (\$) <i>150⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5865 Burning Tree El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pablo Sanders</i>	Amount of contribution (\$) <i>350⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>220 Main St, El Paso, TX 79901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William D. Sanders</i>	Amount of contribution (\$) <i>350⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>220 Main St El Paso, TX 79901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Louann F. Sanders</i>	Amount of contribution (\$) <i>350⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>220 Main St, El Paso, TX 79901</i>		(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: <u>7 of 14</u>	
2 FILER NAME <u>Ann Morgan Lilly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-12-11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Frank Ainsa</u>	7 Amount of contribution (\$) <u>250⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1200 Calle Del Sur El Paso, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4-11-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>William S. Harvey</u>	Amount of contribution (\$) <u>350⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7421 Le Conte Dr. El Paso, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-13-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>J. Russell Hanson</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1701 Tommy Aaron Dr. El Paso, TX 79936</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-13-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Gary Porras</u>	Amount of contribution (\$) <u>500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>359 W. Vinton Rd Vinton, TX 79821</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-15-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Duane P. Coleman</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5430 Davis Cup Ct El Paso, TX 79932</u>		(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: <u>8 of 14</u>	
2 FILER NAME <u>Ann M. Lilly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-19-11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jacquelyn Spier</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2320 Octavia El Paso, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4-20-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Edmundo Dena, Jr.</u>	Amount of contribution (\$) <u>500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>12144 Bradbury El Paso, TX 79928</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-20-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Marcus Dyer</u>	Amount of contribution (\$) <u>500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6300 Esccondido El Paso, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-20-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Marcus Dyer</u>	Amount of contribution (\$) <u>500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6300 Esccondido El Paso, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-20-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Suleiman B. Masoud</u>	Amount of contribution (\$) <u>300⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4021 Roadside Ct. El Paso, TX 79922</u>		(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: <i>9 of 14</i>	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-20-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Rowe</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>905 Via Desconso Dr, El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-20-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel M. Rowe</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>905 Via Desconso Dr El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-20-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert A. Skipworth</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>310 N. Mesa El Paso, TX 79901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-20-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John B. O'Leary</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6565 Bear Cat Ridge El Paso, TX 79913</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-20-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William T. Lovelady</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>348 Inverness Dr, El Paso, TX 79928</i>		(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: *10 of 14*

2 FILER NAME *Ann Morgan Lilly*

3 ACCOUNT # (Ethics Commission Filers)

4 Date *4-20-11* 5 Full name of contributor out-of-state PAC (ID#: _____)
Suzanne Lovelady
6 Contributor address; City; State; Zip Code
*348 Inverness Dr
El Paso, TX*

7 Amount of contribution (\$) *500⁰⁰* 8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date *4-16-11* Full name of contributor out-of-state PAC (ID#: _____)
Kiyoko O. Curtis
Contributor address; City; State; Zip Code
*6201 Escondido Dr.
El Paso, TX 79912*

Amount of contribution (\$) *150⁰⁰* In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *4-20-11* Full name of contributor out-of-state PAC (ID#: _____)
Irene Epperson
Contributor address; City; State; Zip Code
*5400 Silent Sun Ln.
El Paso TX 79912*

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *4-20-11* Full name of contributor out-of-state PAC (ID#: _____)
Stanley P. Jobe
Contributor address; City; State; Zip Code
*1150 Southview Dr.
El Paso, TX 79928*

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *4-20-11* Full name of contributor out-of-state PAC (ID#: _____)
Doris I. Goodman
Contributor address; City; State; Zip Code
*4911 Meadowlark Dr.
El Paso, TX 79922*

Amount of contribution (\$) *500⁰⁰* 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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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>11 of 14</u>	
2 FILER NAME <u>Ann Morgan Lilly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-20-11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Leonard Goodman</u>	7 Amount of contribution (\$) <u>500⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>4911 Meadowlark Dr, El Paso, TX 79922</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4-20-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mrs. R. H. Feuille</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1021 Broadmeor El Paso, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-11-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mildred G. Marcus</u>	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>711 Blanchard Ave El Paso, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-14-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sandra S. Hoover</u>	Amount of contribution (\$) <u>150⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>54 Sun Point Ln. El Paso, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-19-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael R. Gibson</u>	Amount of contribution (\$) <u>500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>521 Texas Ave. El Paso, TX 79901</u>		(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: <i>12 of 14</i>	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-14-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vickie & Rosalia Homrah</i>	7 Amount of contribution (\$) <i>200⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>901 Rim Rd, El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-20-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jack W. Barron</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4228 O'Keefe Dr. El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-20-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Betty R. W. Wakefield Halay</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6151 Los Felinos Cir, El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-30-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jesse Gutierrez</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>221 N. Kansas St, #1400 El Paso, TX 79901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-21-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jimmie O'Leary</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7100 Westwind Dr #240 El Paso, TX 79912</i>		(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: <u>13 of 14</u>	
2 FILER NAME <u>Ann Morgan Lilly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-21-11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dan J. O'Leary</u>	7 Amount of contribution (\$) <u>500⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>7100 Westwind Dr, #240 El Paso, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4-26-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert F. O'Rourke</u>	Amount of contribution (\$) <u>250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1209 Prospect St. El Paso, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-21-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Harold C. Newson</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>836 Dulce Sierra El Paso, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-21-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Edmundo Dena, Jr.</u>	Amount of contribution (\$) <u>500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>12164 Bradburny El Paso, TX 79928</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-27-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mary C. Barnes</u>	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>748 Lakeshore Dr. El Paso, TX 79932</u>		(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: <u>14 of 14</u>	
2 FILER NAME <u>Ann Morgan Lilly</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4-27-11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John G. Maxon</u>	7 Amount of contribution (\$) <u>250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>6927 N. Mesa #C El Paso, TX</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4-28-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anthony Mullen</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>304 Rosemont El Paso, TX 79922</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-29-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mary R. Haynes</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>704 Lakeshore Dr. El Paso, TX 79932</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-30-11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>W. Barton Bolina</u>	Amount of contribution (\$) <u>300.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6154 Los Felinos Cir El Paso, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 2</i>	2 FILER NAME <i>Ann Morgan Lilly</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>4-8-11</i>	5 Payee name <i>Go Direct Mail Marketing</i>	
6 Amount (\$) <i>5177.08</i>	7 Payee address; City; State; Zip Code <i>8400 Boeing Dr. El Paso, TX 79925</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Letter Mailing</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4-12-11</i>	Payee name <i>Lancers Club</i>	
Amount (\$) <i>328.73</i>	Payee address; City; State; Zip Code <i>6006 Mesa St, El Paso, TX 79912</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fund Raiser</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4-15-11</i>	Payee name <i>Airport Printing Service</i>	
Amount (\$) <i>1293.59</i>	Payee address; City; State; Zip Code <i>7A Leigh Fisher Blvd. El Paso, TX 79906</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing</i>	Description (If travel outside of Texas, complete Schedule T) <i>Mailer</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4-20-11</i>	Payee name <i>El Paso, Inc</i>	
Amount (\$) <i>960.00</i>	Payee address; City; State; Zip Code <i>120 Portirio Diaz El Paso, TX 79902</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Ad</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 2		2 FILER NAME Ann Morgan Lilly		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-27-11		5 Payee name Airport Printing			
6 Amount (\$) 4830.00		7 Payee address; City; State; Zip Code 7 Leigh Fisher Blvd. El Paso, TX 79906			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Post Cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-27-11		Payee name Fast signs			
Amount (\$) 1362.33		Payee address; City; State; Zip Code 4224 N. Mesa #F El Paso, TX 79902			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-28-11		Payee name El Paso Times			
Amount (\$) 2790.90		Payee address; City; State; Zip Code 300 N. Campbell El Paso, TX 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Newspaper Ad	
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 (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>1 of 2</i>		2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-6-11</i>		5 Payee name <i>El Paso County Elections Dept.</i>			
6 Amount (\$) <i>500</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>501 San Antonio Ave El Paso, TX 79901</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Poling</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>C.D.</i>	
Date <i>4-5-11</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>121.22</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>801 Sunland Park Dr. El Paso, TX 79912</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing</i>		Description (If travel outside of Texas, complete Schedule T) <i>Paper</i>	
Date <i>4-8-11</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>282.49</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>801 Sunland Park Dr. El Paso, TX 79912</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing</i>		Description (If travel outside of Texas, complete Schedule T) <i>Paper, Toner</i>	
Date <i>5-2-11</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>30.30</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>801 Sunland Park Dr. El Paso, TX 79912</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing</i>		Description (If travel outside of Texas, complete Schedule T) <i>Paper</i>	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2 of 2</i>	2 FILER NAME <i>Ann Morgan Lilly</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>5-2-11</i>	5 Payee name <i>Office Depot</i>	
6 Amount (\$) <i>90.92</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>801 Sunland Park Dr. El Paso, TX 79912</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Toner</i>
Date <i>5-3-11</i>	Payee name <i>Fast signs</i>	
Amount (\$) <i>1362.32</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>4224 N. Mesa #F El Paso, TX 79902</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Signs</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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