

# 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: 8

3 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR (MRS) FIRST Ann MI M.  
NICKNAME LAST SUFFIX  
Lilly

OFFICE USE ONLY

Date Received  
Date Hand-delivered or Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged  
CITY CLERK DEPT.  
2011 APR 14 PM 1:08

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
700 Blacker Ave., El Paso, TX 79902

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915) 544-9564

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST William MI  
NICKNAME LAST SUFFIX  
Junior Ruiz Jr.

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  
( )

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
1 / 1 / 11 THROUGH 4 / 4 / 11

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
5 / 14 / 11  Primary  Runoff  General  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

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

Citizens for Prosperity PAC

COMMITTEE ADDRESS

201 Villa Serena Ct., El Paso, TX 79922

COMMITTEE CAMPAIGN TREASURER NAME

Robert Hoy

COMMITTEE CAMPAIGN TREASURER ADDRESS

201 Villa Serena Ct., El Paso, TX 79922

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)

\$ 20,707.48

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1692.30

CONTRIBUTION BALANCE

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

\$ 2385.95

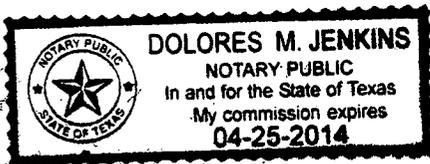
OUTSTANDING LOAN TOTALS

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.



Signature of Ann Morgan Lilly

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann Morgan Lilly, this the 14th day of April, 2011, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

2011 APR 14 PM 1:08

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/15/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Citizens for Prosperity PAC</i> 6 Contributor address; City; State; Zip Code <i>201 Villa Serena Ct. El Paso, Tx 79922</i>	7 Amount of contribution (\$) <i>2000.00</i>	8 In-kind contribution description (if applicable) <i>Consulting</i>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Citizens for Prosperity PAC</i> Contributor address; City; State; Zip Code <i>201 Villa Serena Ct. El Paso, Tx 79922</i>	Amount of contribution (\$) <i>2000.00</i>	In-kind contribution description (if applicable) <i>Consulting</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Citizens for Prosperity PAC</i> Contributor address; City; State; Zip Code <i>201 Villa Serena Ct. El Paso, Tx. 79922</i>	Amount of contribution (\$) <i>3000.00</i>	In-kind contribution description (if applicable) <i>Consulting</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Citizens for Prosperity PAC</i> Contributor address; City; State; Zip Code <i>201 Villa Serena Ct. El Paso, Tx 79922</i>	Amount of contribution (\$) <i>5943.78</i>	In-kind contribution description (if applicable) <i>Signs</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Citizens for Prosperity PAC</i> Contributor address; City; State; Zip Code <i>201 Villa Serena Ct. El Paso, Tx 79922</i>	Amount of contribution (\$) <i>4738.70</i>	In-kind contribution description (if applicable) <i>Mail</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. SCHEDULE A  
2011 APR 14 PM 1:08

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: ~~3~~ 5

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

4 Date <i>3-16-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mrs. Phillip Azar</i>	7 Amount of contribution (\$) <i>200<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2000 N. Virginia St., 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>3-25-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clinton Dean, Jr.</i>	Amount of contribution (\$) <i>400<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>114 Mesa Park Dr, Ste. 100 El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>3-31-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Myrna Deckert</i>	Amount of contribution (\$) <i>150<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4276 Canterbury 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>3-23-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>R. A. Behrenhausen</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1101 Rim Rd, El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>3-31-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>R. H. Hay, Jr.</i>	Amount of contribution (\$) <i>1000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>201 Villa Serena Ct, El Paso, TX 79922</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**

CITY CLERK DEPT. SCHEDULE A  
2011 APR 14 PM 1:08

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 <b>3-30-11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John D. Wilbanks</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>912 Thunderbird Dr. El Paso, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>4-1-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Beatrice A. Sada</b>	Amount of contribution (\$) <b>75<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7228 Barker Rd. El Paso, TX 79915</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>4-2-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arthur A. Islas</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>626 Blacker Ave. El Paso, TX 79902</b>		(If travel outside of Texas, complete Schedule T)	

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

Date <b>4-1-11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Irving J. Brown</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>200 Bartlett Dr. El Paso, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	

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

<del>4-1-11</del>	<del>Sum Moore</del>	<del>100<sup>00</sup></del>	
<del>Contributor address; City; State; Zip Code 3941 El Paso Dr. El Paso, TX 79902</del>		<del>(If travel outside of Texas, complete Schedule T)</del>	

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**

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 1:08

**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: 1	2 FILER NAME Ann Morgan Lilly	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/14/11	5 Payee name City of El Paso	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 2 Civic Center Plaza, El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Campaign filing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/21/11	Payee name Rene Leon Photography	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1015 Prospect, El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Pictures
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/25/11	Payee name Airport Printing	
Amount (\$) 486.04	Payee address; City; State; Zip Code 7A Leigh Fisher Blvd, El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Door Hangars
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**

CITY CLERK DEPT. SCHEDULE G  
2011 APR 14 PM 1:08

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <u>2</u>
2 FILER NAME <u>Ann Morgan Lilly</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>3-19-11</u>	5 Payee name <u>Office Depot</u> 6 Payee address; City; State; Zip Code <u>801 Sunland Park Dr, El Paso, TX 79912</u>	8 Amount (\$) <u>54.11</u>
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Computer Program</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>4-1-11</u>	Payee name <u>Office Depot</u> Payee address; City; State; Zip Code <u>801 Sunland Park Dr, El Paso, TX 79912</u>	Amount (\$) <u>287.90</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Ink</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>3-31-11</u>	Payee name <u>Office Depot</u> Payee address; City; State; Zip Code <u>801 Sunland Park Dr, El Paso, TX 79912</u>	Amount (\$) <u>82.78</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Mouse, Cable, Brochures</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>4-3-11</u>	Payee name <u>Office Depot</u> Payee address; City; State; Zip Code <u>801 Sunland Park Dr, El Paso, TX 79912</u>	Amount (\$) <u>301.96</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Brochures, Ink</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>4-4-11</u>	Payee name <u>U.S. Post Office</u> Payee address; City; State; Zip Code <u>7383 Remick Cir, El Paso, TX 79912</u>	Amount (\$) <u>44.00</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Stamps</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.  
2011 APR 14 PM 1:08

**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.

<b>1</b> Total pages Schedule G: <i>2</i>	<b>2</b> FILER NAME <i>Ann Morgan Lilly</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>4/4/11</i>	<b>5</b> Payee name <i>Dorsey's Card Shop</i>	
<b>6</b> Amount (\$) <i>28.15</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>4101 Dew Dr., El Paso, TX 79912</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <i>Stationery</i>
Date <i>4/4/11</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>57.34</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)	Description (If travel outside of Texas, complete Schedule T) <i>Trifolds</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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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