

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

CITY CLERK DEPT

FORM C/OH
COVER SHEET PG 2

2011 JUN -2 PM 2:36

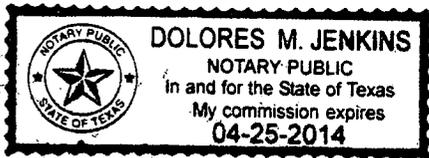
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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)	\$ 6310.37
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,662.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3164.37
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 M. Lilly
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann M. Lilly, this the 2nd day of June, 20 11, to certify which, witness my hand and seal of office.

Dolores M. Jenkins Dolores M. Jenkins Notary
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 JUN -2 PM 2:36

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-25-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David P. Buchmueller</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5817 Via Cuesta 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>5-4-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>R. A. Lawensfield</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>900 Vista Mia Ct. El Paso, TX 79922</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-5-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Enrique Escobar</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>301 Borderland #3 El Paso, TX 79932</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-6-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harry A. Cole</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7399 Camino Del Sol El Paso, TX 79911</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-6-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bernadine McNeil</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2222 Florence St. El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
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 JUN -2 PM 2:35

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-27-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Randal O'Leary</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7910 Gateway, East #102 El Paso, TX 79915</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5-9-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Randal O'Leary</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7910 Gateway, East #102 El Paso, TX 79915</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>Randal O'Leary</i> <i>L. Frederick Francis</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7910 Gateway</i> <i>500 N. Mesa 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>4-20-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ginger G. Francis</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>500 N. Mesa 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>5-11-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Juan Godinez</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1661 Rim Rd. 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**

CITY CLERK DEPT. **SCHEDULE A**

2011 JUN -2 PM 2:36

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A:	
2 FILER NAME <i>Ann Morgan Lilly</i>			3 ACCOUNT # (Ethics Commission Filers)		
4 Date <i>5-12-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard L. Saab</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <i>700 Camino Real Ave 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>5-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John D. Wilbanks</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>921 Thunderbird 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>5-16-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary B. Sapp</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>3124 Piedmont 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>5-16-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer Barr</i>	Amount of contribution (\$) <i>150⁰⁰</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>2201 N. St. Vrain El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>5-19-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra S. Hoover</i>	Amount of contribution (\$) <i>150⁰⁰</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>54 Sun Point Ln, 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**

CITY CLERK DEPT. **SCHEDULE A**

2011 JUN -2 PM 2:35

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5-23-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry E. Nance</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>890 Forest Hills 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>5-25-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J.O. Stewart, Jr.</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>124 W. Castellano, El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-26-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J.D. Dodge</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>56 Sun Point Ln, El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-27-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Suzanne M. Todd</i>	Amount of contribution (\$) <i>25⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>79 Northwind 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>5-30-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eileen Karlsruher</i>	Amount of contribution (\$) <i>110.37</i>	In-kind contribution description (if applicable) <i>Address Labels</i>
Contributor address; City; State; Zip Code <i>35 Sun Point Ln, 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**

CITY CLERK DEPT.

SCHEDULE A

2011 JUN -2 PM 2:36

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5-27-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert H. Hoy Jr.</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>201 Villa Serena Ct, El Paso, TX 79922</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 2:36

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 FILER NAME Ann Morgan Lilly	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5-6-11	5 Payee name Inkspress Urself	
6 Amount (\$) 1114.43	7 Payee address; City; State; Zip Code 6011 Torrey Pines Dr., El Paso, TX 79912	
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) Buttons, T-Shirts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-7-11	Payee name Airport Printing Service	
Amount (\$) 2267.84	Payee address; City; State; Zip Code 7A Leigh Fisher Blvd., El Paso, TX 79906	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Postcards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-11-11	Payee name Airport Printing Service	
Amount (\$) 4830 ⁰⁰	Payee address; City; State; Zip Code 7A Leigh Fisher Blvd., El Paso, TX 79906	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-14-11	Payee name Elida's Catering	
Amount (\$) 752.33	Payee address; City; State; Zip Code 2510 N. St. Vrain St, El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

CITY CLERK DEPT. **SCHEDULE F**

2011 JUN -2 PM 2:35

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 FILER NAME <i>Ann Morgan Lilly</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>5-26-11</i>	5 Payee name <i>El Paso Branch Ads</i>	
6 Amount (\$) <i>240⁰⁰</i>	7 Payee address; City; State; Zip Code <i>2630 E. Yandell, El Paso, TX 79903</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>Sideway Branches</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5-26-11</i>	Payee name <i>El Paso, Inc.</i>	
Amount (\$) <i>960⁰⁰</i>	Payee address; City; State; Zip Code <i>120 Portino 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>Newspaper Ad</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5-30-11</i>	Payee name <i>FedEx Office</i>	
Amount (\$) <i>189.45</i>	Payee address; City; State; Zip Code <i>4190 N. Mesa St., 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>Letter</i>
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

SCHEDULE G

2011 JUN -2 PM 2:36

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:	2 FILER NAME <i>Ann Morgan Lilly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5-9-11</i>	5 Payee name <i>U.S. Post Office</i>
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6 Amount (\$) <i>44.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code <i>Downtown Station, El Paso, TX 79901</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Solicitation</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Postage Stamps</i>
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Date <i>5-6-11</i>	Payee name <i>Dorsey Card Shop</i>
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Amount (\$) <i>36.81</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code <i>6101 Dew Dr, El Paso, TX 79912</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Stationery</i>
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Date <i>5-6-11</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>80.08</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>
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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>Invitations</i>
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Date <i>5-8-11</i>	Payee name <i>Fed Ex Office</i>
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Amount (\$) <i>195.35</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code <i>4190 Mesa St, El Paso, TX 79902</i>
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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>Printing</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT. **SCHEDULE G**

2011 JUN -2 PM 2:36

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:	2 FILER NAME <i>Ann Morgan Lilly</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5-9-11</i>	5 Payee name <i>Office Depot</i>
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6 Amount (\$) <i>40.04</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1111 Geronomo Dr., El Paso, TX 79925</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Invitation</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Invitations</i>
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Date <i>5-12-11</i>	Payee name <i>Costco</i>
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Amount (\$) <i>240.27</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>6101 Gateway West El Paso, TX 79925</i>
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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>Election Dinner</i>
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Date <i>5-12-11</i>	Payee name <i>Albertson's</i>
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Amount (\$) <i>22.04</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3100 N. Mesa El Paso, TX 79902</i>
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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>Election Dinner</i>
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Date <i>5-14-11</i>	Payee name <i>Elida's Catering</i>
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Amount (\$) <i>752.23</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2510 N. St. Vrain St. El Paso, TX 79902</i>
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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>Election Dinner</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT. **SCHEDULE G**
2011 JUN -2 PM 2:36

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:		2 FILER NAME <i>Ann Morgan Lilly</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5-22-11</i>		5 Payee name <i>Office Depot</i>			
6 Amount (\$) <i>272.74</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>5-25-11</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>34.63</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>Ink Cartridge</i>	
Date <i>5-26-11</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>	
Date <i>5-24-11</i>		Payee name <i>Fast Signs</i>			
Amount (\$) <i>1725.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>4224 N. Mesa, Ste. 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>Banners, Tri-Folds</i>	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.

SCHEDULE G

2011 JUN -2 PM 2:36

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:	2 FILER NAME <i>Ann Morgan Little</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5-29-11</i>	5 Payee name <i>Costco</i>
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6 Amount (\$) <i>1587.63</i>	7 Payee address; City; State; Zip Code <i>6101 Gateway West Blvd, El Paso, TX 79925</i>
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Reimbursement from political contributions intended

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>Mailing</i>
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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)

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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