

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

CITY CLERK COVER SHEET PG 1

07 JAN 12 PM 2:33

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:
6

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ann M.
Lilly

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

MI

NICKNAME

LAST

SUFFIX

William 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

(915) 587-0465

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

9 / 13 / 06 THROUGH 1 / 15 / 07

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

- Primary
- Runoff
- General
- Special

12 OFFICE

OFFICE HELD (if any)

City Representative, District I

13 OFFICE SOUGHT (if known)

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

CITY CLERK
FORM C/OH
COVER SHEET PG. 2
JAN 12 PM 3:33

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 expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

| | |
|--|--------------------------------------|
| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | 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)

\$ *5450.00*

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *2125.00*

CONTRIBUTION BALANCE

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

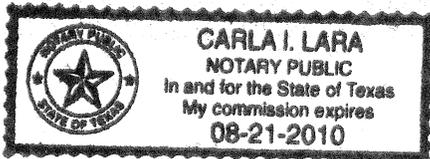
\$ *23,064.38*

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 *12th* day of *January*, 20 *07*, to certify which, witness my hand and seal of office.

Carla I. Lara
Signature of officer administering oath

Carla I. Lara
Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A
CITY CLERK DEPT.
07 JAN 12 PM 3:33
1 of 2

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 2

2 FILER NAME

Ann Morgan Lilly

3 ACCOUNT # (Ethics Commission filers)

4 Date

9-29-06

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

Sal Ponce

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1166 Upper Canyon Pl. El Paso TX 79912

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9-24-06

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

Edith S. Brannon

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

713 Blacker Ave. El Paso TX 79902

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-5-06

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

Kelly L. O'Leary

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3329 Tierra Alma Ln. El Paso TX 79938

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-5-06

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

Teresa A Kemp

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4648 Caples Cir. El Paso TX 79903

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-06

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

Alex M. Aguirre

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1759 Irongate El Paso TX 79936

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A
CITY CLERK DEPT.
07 JAN 12 PM 3:33

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: <i>2 of 2</i> | |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>9-28-06</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randal O'Leary</i> | 7 Amount of contribution (\$) <i>1000⁰⁰</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>7910 Gateway East, 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>9-1-06</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynda L. Power</i> | Amount of contribution (\$) <i>1000⁰⁰</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>504 Canyon Springs 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>11-8-06</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth Bates</i> | Amount of contribution (\$) <i>100⁰⁰</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>5232 Lakeway Dr. El Paso TX 79932</i> | | (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) | |

| | | | |
|---|---|---|--|
| 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) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CITY SCHEDULE F
CLERK DEPT.
07 JAN 12 PM 3:33

POLITICAL EXPENDITURES

| | | |
|--|--------------------------------------|---|
| 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 10-20-06 | 5 Payee name The Reuel Group | 7 Amount (\$) 1500.00 |
| 6 Payee address; City; State; Zip Code 6006 N. Mesa #502 El Paso TX 79912 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) Political Consultation Services | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10-29-06 | Payee name Chip Anderson | Amount (\$) 225.00 |
| Payee address; City; State; Zip Code 1209 E. Baltimore Dr, El Paso TX 79902 | | |
| Purpose of payment (See instructions regarding type of information required.) Political Analysis | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10-29-06 | Payee name El Paso Courts | Amount (\$) 400.00 |
| Payee address; City; State; Zip Code 521 Texas Ave, El Paso TX 79901 | | |
| Purpose of payment (See instructions regarding type of information required.) Voter turnout effort | | ** Complete 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 payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY CLERK DEPT.
 07 JAN 12 PM 3:33
 S. JOSEPH G

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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

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

| | | |
|---|-----------------------------------|--|
| 4 Date <i>10-20-06</i> | 5 Payee name <i>Charlottes</i> | 8 Amount (\$) <i>62.79</i> |
| 6 Payee address; City; State; Zip Code <i>5411 N. Mesa El Paso TX 79912</i> | | <input type="checkbox"/> Reimbursement from political contributions intended |
| 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Gift for M. Barnes Coffee</i> | | |

| | | |
|---|------------|--|
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) | | |

| | | |
|---|------------|--|
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) | | |

| | | |
|---|------------|--|
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) | | |

| | | |
|---|------------|--|
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) | | |

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