

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *435*

CONTRIBUTION BALANCE

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

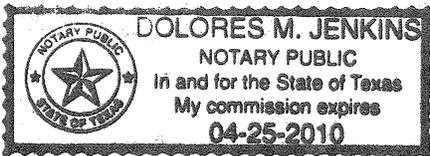
\$ *6626.99*

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 *MARGARET ANN MORGAN LILLY*, this the *14th* day of *January*, 20 *08*, to certify which, witness my hand and seal of office.

Dolores M. Jenkins
Signature of officer administering oath

DOLORES M. JENKINS
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

MADE FROM PERSONAL FUNDS

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Ann M. Lilly

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

9-6-07

Judge Patricia Macias Campaign

200.00

6 Payee address; City; State; Zip Code

831 Galloway Dr, El Paso, TX 79902

8 Purpose of payment (See instructions regarding type of information required.)

Campaign for re-election

9 Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

9-14-07

Ronald McDonald House

100.00

Payee address; City; State; Zip Code

300 E. California Ave, El Paso, TX 79902

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

Donation

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11-16-07

Celebrity Waiters Luncheon

35.00

Payee address; City; State; Zip Code

1750 Curie Dr, El Paso, TX 79902

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

Donation Hospice, El Paso

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12-27-07

Ann M. Lilly

100.00

Payee address; City; State; Zip Code

700 Blacker Ave, El Paso TX 79902

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

Reimbursement Personal Funds

9/6/07 - 11/16/07

Complete if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Ann M. Lilly</u>	3 ACCOUNT # (Ethics Commission filers)

4 Date <u>8-28-07</u>	5 Payee name <u>El Paso County Democratic Party</u>	8 Amount (\$) <u>100.00</u>
6 Payee address; City; State; Zip Code <u>1401 Montura Ave. El Paso, TX 79902</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Donation</u>		

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 checked="" 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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