

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CITY CLERK DEPT  
FORM C/OH  
COVER SHEET PG 1  
06 JUL 12 AM 10:27

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

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3

### 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  
Lilly

M.

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

Ann  
Lilly

M.

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

700 Blacker Ave. El Paso TX 79902

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915)

544-9564

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 / 15 / 06

7 / 15 / 06

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

/ /

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

City Representative, Dist. #

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

FORM C/OH  
COVER SHEET PG 2

06 JUL 12 AM 10:27

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$ *4494.19*

CONTRIBUTION BALANCE

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

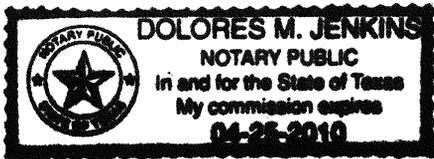
\$ *2256.61*

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 Margaret Lilly*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *ANN MARGARET LILLY*, this the *12<sup>th</sup>* day of *July*, 20 *06*, 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  
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT. SCHEDULE G  
06 JUL 12 AM 10:27

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME Ann M. Lilly		3 ACCOUNT # (Ethics Commission filers)
4 Date 6-12-06	5 Payee name Classic Awards & Billiards 6 Payee address; City; State; Zip Code 3700 Dyer El Paso TX 79930	8 Amount (\$) 903.89
7 Purpose of expenditure (See instructions regarding type of information required.) Flag Decals		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6-20-06	Payee name Go Direct Payee address; City; State; Zip Code 8400 Boeing Dr. El Paso TX 79925	Amount (\$) 2090.30
Purpose of expenditure (See instructions regarding type of information required.) Progress letter to constituents		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-22-06	Payee name The Reuel Group Payee address; City; State; Zip Code 6006 N. Mesa #502 El Paso TX 79912	Amount (\$) 500 <sup>00</sup>
Purpose of expenditure (See instructions regarding type of information required.) Campaign Council		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6-6-06	Payee name The Reuel Group Payee address; City; State; Zip Code 6006 N. Mesa #502 El Paso TX 79912	Amount (\$) 500 <sup>00</sup>
Purpose of expenditure (See instructions regarding type of information required.) Campaign Council		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 7-8-06	Payee name The Reuel Group Payee address; City; State; Zip Code 6006 N. Mesa #502 El Paso TX 79912	Amount (\$) 500 <sup>00</sup>
Purpose of expenditure (See instructions regarding type of information required.) Campaign Council		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED