

# 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: **4**

3 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR

FIRST

MI

NICKNAME

Ann  
LAST

M,  
SUFFIX

Lilly

OFFICE USE ONLY

Date Received

10 JUL 16 PM 1:22

CITY CLERK DEPT.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

700 Blacker Ave. El Paso Tx 79902

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(915) 544-9564

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

William  
LAST

SUFFIX

Junior

Ruiz

Jr.

Date Processed

Date Imaged

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

1 / 16 / 10 THROUGH 7 / 15 / 10

11 ELECTION

ELECTION DATE (Month Day Year) ELECTION TYPE

Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
City Representative, Dist. #1

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

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

CITY CLERK DEPT.  
10 JUL - 6 PM 1:22

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

\$ 600<sup>00</sup>

CONTRIBUTION BALANCE

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

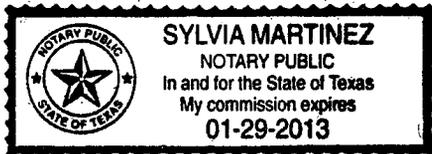
\$ 3226.99

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 *Ann Morgan Lilly*, this the *6<sup>th</sup>* day of *July*, 20 *10*, to certify which, witness my hand and seal of office.

*Sylvia Martinez*  
Signature of officer administering oath

*Sylvia Martinez*  
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: /

2 FILER NAME Ann M. Lilly 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>2-8-10</u>	5 Payee name <u>Veronica Escobar</u>	7 Amount (\$) <u>500<sup>00</sup></u>
6 Payee address; City; State; Zip Code <u>3014 Copper El Paso, TX 79930</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Election Campaign</u>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

Date <u>2-14-10</u>	Payee name <u>Jo Anne Bernal</u>	Amount (\$) <u>100<sup>00</sup></u>
Payee address; City; State; Zip Code <u>10651 Janway El Paso TX 79935</u>		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

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

10 JUL -6 PM 1:22  
CITY CLERK DEPT.

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: /

2 FILER NAME *Ann M. Lilly*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*2-6-10*

5 Payee name  
*Veronica Escobar*  
6 Payee address; City; State; Zip Code  
*3014 Copper El Paso, TX 79930*

8 Amount (\$)  
*\$35.42*

7 Purpose of expenditure (See instructions regarding type of information required.)  
*Campaign Coffee Meeting*

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)  
*CITY CLERK DEPT.*  
*JUL -6 2010*

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

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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