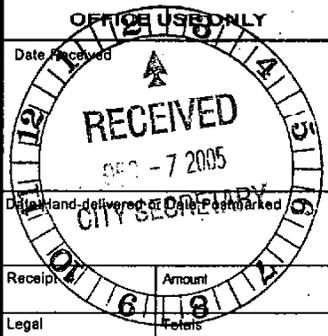


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Sue	MI	
	NICKNAME	LAST Lovell	SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		
5 ORIGINAL PERIOD COVERED	Month 10 / Day 30 / Year 2005	THROUGH	Month 11 / Day 30 / Year 2005	

6 EXPLANATION OF CORRECTION

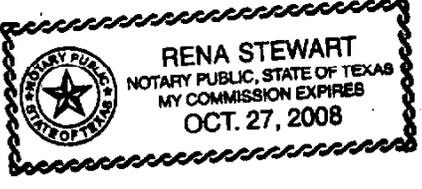
Due to an inadvertent clerical error, the attached contribution and expenditure were not included in the 8-day report filed (by mail) on Friday, December 2. This affidavit includes the contribution and expenditure, and a new cover page with the corrected totals.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Sue Lovell this the 5 day of December 2005 to certify which, witness my hand and seal of office.

[Signature] Rena Stewart *[Signature]*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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:				
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt #. Amount Date Processed Date Imaged			
			Sue					
		NICKNAME	LAST	SUFFIX				
			Lovell					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE			
		1802 West Main		Houston	TX 77098			
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION				
		(713)	960-1601					
6 CAMPAIGN TREASURER NAME		MS / MRS / MR	FIRST	MI				
			Dawn					
		NICKNAME	LAST	SUFFIX				
			Dancy					
7 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE; ZIP CODE			
		1033 Bayland Avenue, Unit 2		Houston TX	77009			
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION				
		(713)	863-9690					
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED		Month	Day	Year	THROUGH	Month	Day	Year
		10	30	2005		11	30	2005
11 ELECTION		ELECTION DATE			ELECTION TYPE			
		Month	Day	Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
		12	10	2005				
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
					Houston City Council, At-Large Position 2			
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						
		<input type="checkbox"/> additional pages						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Sue Lovell

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

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 \$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 56,835.48

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 33,323.36

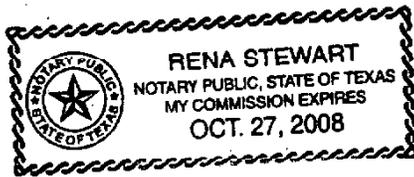
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 39,750.42

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.

Sue Lovell
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sue Lovell this the 5 day

of December, 20 05, to certify which, witness my hand and seal of office.

Rena Stewart
Signature of officer administering oath

Rena Stewart
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-09-05	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00011114) American Federation of State, County and Municipal Employees - AFL-CIO P.E.O.P.L.E. 6 Contributor address; City; State; Zip Code Washington, DC 20030	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
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)
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)
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)
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)
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 EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Sue Lovell		3 ACCOUNT # (Ethics Commission filers)
4 Date 11-18-05	5 Payee name Chris Watson 6 Payee address; City; State; Zip Code 3303 Louisiana, Suite 145 Houston, TX 77006	7 Amount (\$) \$7,500.00
8 Purpose of payment (See instructions regarding type of information required.) GOTV Expenses		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

American Federation of State, County and Municipal Employees

ADDRESS (number and street)

1625 L Street, N.W.

(Check if address
is changed)

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

3. FEC IDENTIFICATION NUMBER ▶

C 00011114

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Lucy

Signature of Treasurer

Date

04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN046.PDF

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) This committee is a

(National, State or subordinate) committee of the

(Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Riggs National Bank

Mailing Address

1800 M Street, N.W.

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank of New York

Mailing Address

1825 K Street, N.W.

Washington,

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲