CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

		•	o o tell officer to t
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST SUE NICKNAME LAST LOVELL	MI SUFFIX	OFFICE USE ONLY Date Receiped 4 1 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; C	HOUSTON, TX 77098	RECEIVED JAN 1 6 2006 Date Wand CHY SECRETARY 60
6 CANDIDATE/ OFFICEHOLDER PHONE	(7/3) 520 -6756	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST DAWN NICKNAME LAST DANCY	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT / SUI	TE#, CITY, STATE ME, UNIT 2 House	ZIP COOF TON, TX 77009
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 863-9690	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THRO	ugh 12/31	Year 20:06
11 ELECTION	Month Day Year ELECTION TYI	PE Runoff	General Special
12 OFFICE	HOUSTON City Canel Fo	13 OFFICE SOUGHT (If known	3)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign experience Candidates are required to disclose this information of the control of the cont		
☐ additional pages	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	SUE 1	DVELL	16ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no may have been mad this information only	ate / officeholder. These expenditures es and officeholders are required to report	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC ,		:
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$60 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,389.77
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 5,389.77 \$ 19,117.67
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	
19 AFFIDAVIT		·	•
	Standard LEW	I swear, or affirm, under penalty of pe is true and correct and includes all infi me under Title 15, Election Code.	
		Su hu hu	2
AFFIX NOTARY STAME	47E 05 1	Signature of Candida	and or Officeholder
Sworn to and subscrib	oed before me, by	- -	this the /b day
of January, 2	0 <u>37</u> , to cer	tify which, witness my hand and seal of office.	
Signature of officer ad	ninistering oath	Printed name of officer administering oath Title	of officer administering oath

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL EXPENDITURES

THE INSTRUCT	ION GUIDE explains how to complete	this form.		Total pages Schedule F		
FILER NAME				Page 1 ACCOUNT # (Ethics Commission filers)		
,	Sue Lovell			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lando Commissión mersy	
Date	Payee Name	····			Amount	
7/28/2006	Aisha Savoy				(\$)	
	Payee address	City;	State;	Zip Code	\$500.00	
	4700 Wenda Street #237	Houston	TX	77033		
	.l	f information	** Complete	e if direct expendit	ures to benefit C/OH **	
(required)			Candidate / Office	holder name	Office sought Office held	
City Cour	ncil staff exp					
Date	Payee Name			~	Amount	
8/3/2006	Kaye Marvins Photography			•	(\$)	
	Payee address	City;	State;	Zip Code	\$79.50	
	4401 Montrose	Houston	TX	77006		
	ent (See instructions regarding type o	f information			ures to benefit C/OH **	
(required)			Candidate / Office	holder name	Office sought Office held	
Photograp	ohy					
			•			
Date	Payee Name		-		Amount (\$)	
8/4/2006	Aisha Savoy		· · · · · · · · · · · · · · · · · · ·		(9)	
	Payee address	City;	State;	Zip Code	\$490.00	
	4700 Wenda Street #237	Houston	TX	77033		
Purpose of payme (required)	Lent (See instructions regarding type o	f information	1	•	ures to benefit C/OH **	
, , ,			Candidate / Office	holder name	Office sought Office held	
City Coun	cil staff exp					
Date	Payee Name				Amount	
8/25/2006	Aisha Savoy				(\$)	
	Payee address	City;	State;	Zip Code	\$421.00	
	4700 Wenda Street #237	Houston	TX	77033		
Purpose of navme	ent (See instructions regarding type o	f information	** Complete	if direct expenditu	ures to benefit C/OH **	
Purpose of payment (See instructions regarding type of information (required)		Candidate / Office		Office sought Office held		
City Coun	cil staff exp					
			<u> </u>			

POLITICAL EXPENDITURES

THE INSTRUCTION GUIDE explains how to complete this form. Total pages					Schedule F Page 2	
FILER NAME	Sue Lovell	·		ACCOUNT # (Ethics Commission filers		
Date	Payee Name				Amount	
8/28/2006	Villa Arcos			(\$)		
	Payee address	City;	State;	Zip Code	\$115.00	
	3009 Navigation	Houston	TX	77003		
Purpose of pay (required)	ment (See instructions regarding type of	of information	** Comple Candidate / Office	ete if direct expenditures ceholder name	to benefit C/OH ** ffice sought Office held	
City Cou	uncil Breakfast					
Date	Payee Name				Amount	
9/7/2006	Verizon Wireless				(\$)	
	Payee address	City;	State;	Zip Code	\$307.00	
	Post Office Box 660108	Dallas	TX	75266-0108		
	ment (See instructions regarding type o	f information	** Comple	ete if direct expenditures t	to benefit C/OH **	
		f information	** Comple Candidate / Office			
(required)		f information	1			
(required) Telepho	Payee Name	f information City;	1		ffice sought Office held	
(required) Telepho Date	Payee Name Aisha Savoy		Candidate / Offic	ceholder name O	Amount (\$)	
(required) Telepho Date 9/8/2006	Payee Name Aisha Savoy Payee address	City; Houston	Candidate / Office	zeholder name O	Amount (\$) \$702.00	
Telepho Date 9/8/2006 Purpose of pay (required)	Payee Name Aisha Savoy Payee address 4700 Wenda Street #237	City; Houston	State; TX	zeholder name O	Amount (\$) \$702.00	
Telepho Telepho Date 9/8/2006 Purpose of pay (required) City Cou	Payee Name Aisha Savoy Payee address 4700 Wenda Street #237 ment (See instructions regarding type o	City; Houston	State; TX	zeholder name O	Amount (\$) \$702.00	
Telepho Telepho Date 9/8/2006 Purpose of pay required) City Cou	Payee Name Aisha Savoy Payee address 4700 Wenda Street #237 ment (See instructions regarding type o	City; Houston	State; TX	zeholder name O	Amount (\$) \$702.00	
Telepho Telepho Date 9/8/2006 Purpose of pay required) City Cou	Payee Name Aisha Savoy Payee address 4700 Wenda Street #237 ment (See instructions regarding type of a control of the control	City; Houston	State; TX	zeholder name O	Amount (\$) \$702.00	
Telepho Telepho Date 9/8/2006 Purpose of pay required) City Cou	Payee Name Aisha Savoy Payee address 4700 Wenda Street #237 ment (See instructions regarding type of ancil staff exp Payee Name Cintas	City; Houston f information	State; TX ** Comple Candidate / Office	Zip Code 77033 ete if direct expenditures techolder name	Amount (\$) \$702.00 benefit C/OH ** ffice sought Office held Amount (\$)	
(required) Telepho Date 9/8/2006 Purpose of pay (required) City Cou	Payee Name Aisha Savoy Payee address 4700 Wenda Street #237 ment (See instructions regarding type of uncil staff exp Payee Name Cintas Payee address	City; Houston f information City; N Houston	State; TX ** Comple Candidate / Office State; TX	Zip Code 77033 ete if direct expenditures techolder name Zip Code 77041 ete if direct expenditures t	Amount (\$) \$702.00 benefit C/OH ** ffice sought Office held Amount (\$) \$378.01	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

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POLITICAL EXPENDITURES

THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F	
FILER NAME Sue Lovell					Page 3 cs Commission filers)
Date	Payee Name				Amount
9/22/2006	Aisha Savoy				(\$)
	Payee address	City;	State;	Zip Code	\$154.50
	4700 Wenda Street #237	Houston	TX	77033	1
Purpose of payment (See instructions regarding type of information (required)			** Comple Candidate / Office	ete if direct expenditures ceholder name C	to benefit C/OH ** office sought Office held
City Cou	ıncil staff exp				
Date	Payee Name				Amount
9/22/2006	Braeswood Democrats		*		(\$)
	Payee address	City;	State;	Zip Code	\$100.00
	4046 Drummond	Houston	TX	77025	
	ment (See instructions regarding type of	i i i i i i i i i i i i i i i i i i i			
(required) Sponsor			Candidate / Office	eholder name C	Amount
(required)	ship	· in	Candidate / Office		
(required) Sponsor Date	Payee Name Aisha Savoy Payee address	City;	State;	Zip Code	Amount
(required) Sponsor Date	Ship Payee Name Aisha Savoy				Amount (\$)
(required) Sponsor Date 10/6/2006	Payee Name Aisha Savoy Payee address	City; Houston	State; TX	Zip Code 77033 ete if direct expenditures	Amount (\$) \$400.00 to benefit C/OH **
Sponsor Date 10/6/2006 Purpose of payi	Payee Name Aisha Savoy Payee address 4700 Wenda Street #237	City; Houston	State; TX	Zip Code 77033 ete if direct expenditures	Amount (\$) \$400.00 to benefit C/OH **
Sponsor Sponsor Date 10/6/2006 Purpose of payr (required) City Cou	Payee Name Aisha Savoy Payee address 4700 Wenda Street #237 ment (See instructions regarding type of	City; Houston	State; TX	Zip Code 77033 ete if direct expenditures	Amount (\$) \$400.00 to benefit C/OH ** office sought Office held
Sponsor Sponsor Date 10/6/2006 Purpose of payr (required) City Cou	Payee Name Aisha Savoy Payee address 4700 Wenda Street #237 ment (See instructions regarding type of	City; Houston	State; TX	Zip Code 77033 ete if direct expenditures	Amount (\$) \$400.00 to benefit C/OH ** office sought Office held
Sponsor Sponsor Date 10/6/2006 Purpose of payr (required) City Cou	Payee Name Aisha Savoy Payee address 4700 Wenda Street #237 ment (See instructions regarding type of	City; Houston	State; TX	Zip Code 77033 ete if direct expenditures	Amount (\$) \$400.00 to benefit C/OH ** iffice sought Office held
Sponsor Sponsor Date 10/6/2006 Purpose of payr (required) City Cou	Payee Name Aisha Savoy Payee address 4700 Wenda Street #237 ment (See instructions regarding type of incil staff exp Payee Name Hubert Vo Campaign	City; Houston f information	State; TX ** Comple Candidate / Office	Zip Code 77033 ete if direct expenditures seholder name C	Amount (\$) \$400.00 to benefit C/OH ** office sought Office held Amount (\$)
(required) Sponsor Date 10/6/2006 Purpose of payr (required) City Cou	Payee Name Aisha Savoy Payee address 4700 Wenda Street #237 ment (See instructions regarding type of ancil staff exp Payee Name Hubert Vo Campaign Payee address P.O. Box 2227	City; Houston f information City; Alief	State; TX ** Comple Candidate / Office	Zip Code 77033 ete if direct expenditures echolder name Zip Code 77411	Amount (\$) \$400.00 to benefit C/OH ** office sought Office held Amount (\$) \$100.00

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POLITICAL EXPENDITURES

THE INSTRUCT	ION GUIDE explains how to complete	this form.		Total pages	Schedule F	
FILER NAME				Page 4		
	Sue Lovell			ACCOUNT #	t (Ethics Commission filers)	
Date	Payee Name	•		l	Amount	
10/23/2006	Aisha Savoy				(\$)	
	Payee address	City;	State;	Zip Code	\$450.00	
	4700 Wenda Street #237	Houston	TX	77033		
Purpose of paym (required)	Purpose of payment (See instructions regarding type of information (required)			e if direct expend holder name	ditures to benefit C/OH ** Office sought Office held	
City Coun	ncil staff exp					
Date	Payee Name				Amount	
11/9/2006	Garnet Coleman Campaign				(\$)	
	Payee address	City;	State;	Zip Code	\$100.00	
	P. O. Box 88140	Houston	TX	77288		
(required) Contributi	on		Candidate / Office	holder name	Office sought Office held	
Date	Payee Name		·· · · · · · · · · · · · · · · · · · ·		Amount	
11/9/2006	Jose Soto				(\$)	
	Payee address	City;	State;	Zip Code	\$33.15	
	501 Peden #2	Houston	TX	77006		
Purpose of paymo (required)	 ent (See instructions regarding type of	information	** Complete Candidate / Office		ditures to benefit C/OH ** Office sought Office held	
Reimb for	supplies					
Date	Payee Name				Amount	
11/9/2006	Aisha Savoy			(\$)		
	Payee address	City;	State;	Zip Code	\$250.00	
	4700 Wenda Street #237	Houston	TX	77033		
Purpose of payme (required)	 ent (See instructions regarding type of	information	** Complete Candidate / Office		ditures to benefit C/OH ** Office sought Office held	
City Coun	cil staff exp				•	
					·	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

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POLITICAL EXPENDITURES

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Sc				hedule F Page 5	
FILER NAME	Sue Lovell	· · ·		ACCOUNT#	(Ethics Commission filers)
Date	Payee Name				Amount
11/9/2006	Villa Arcos				(\$)
	Payee address	City;	State;	Zip Code	\$165.00
	3009 Navigation	Houston	TX	77003	
(required)	nent (See instructions regarding type of	information	** Comple Candidate / Offic	•	itures to benefit C/OH ** Office sought Office held
Date	Payee Name				Amount
11/29/2006	Ellen Cohen Campaign				(\$)
	Payee address	City;	State;	Zip Code	\$250.00
	7670 Woodway, Suite 110	Houston	TX	77063	
Purpose of payment (See instructions regarding type of information (required)			** Comple Candidate / Offic	•	itures to benefit C/OH ** Office sought Office held
Contribut	tion				
Date	Payee Name				Amount
12/16/2006	Neartown Little League				(\$)
	Payee address	City;	State;	Zip Code	\$394.61
	P.O. Box 66193	Houston	TX	77266	
Purpose of payn (required) Sponsors	enent (See instructions regarding type of	information	** Comple Candidate / Offic		itures to benefit C/OH ** Office sought Office held
				Schedule F.R	tenort Total: \$5 389 77