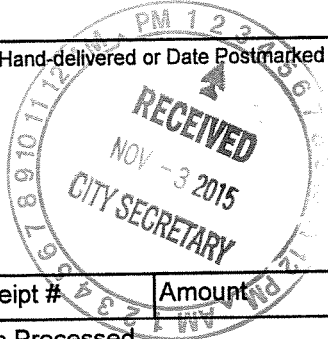


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 			
	Hon.	Sue					
NICKNAME	LAST	SUFFIX					
	Lovell						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		APT/SUITE #; CITY; STATE; ZIP CODE				
	1802 West Main Houston Texas 77098						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		713 520	6756				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	Receipt #			
	Ms.	Dawn		Amount			
	NICKNAME	LAST	SUFFIX	Date Processed			
		Dancy		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please);		APT/SUITE #; CITY; STATE; ZIP CODE				
	1033 Bayland Ave. Houston Texas 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"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	1	2012		6	30	2012
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	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)

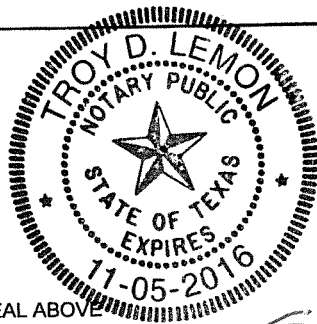
additional pages

This box is for notice of political contributions accepted or political expenditures made 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$179.52
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$98,508.62
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SUE LOVELL, this the 3rd day of November, 20 15, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

LOANS **SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total Pages	
2 FILER NAME Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: => => => => => =>			\$0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC(ID# ___)	9 Loan Amount (\$)	
6 Is Lender a Financial Institution?	8 Lender address; City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)	
	17 Guarantor address; City; State; Zip Code		
19 Principal Occupation		20 Employer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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 11/1/12 - 6/30/12	5 Payee name BANK OF AMERICA	
6 Amount (\$) 29.92 per month = 179.52	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE maintenance fee on account	(a) Category	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		