Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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: 169

OFFICE USE ONLY

Date Received: RECEIVED JUL 15 2003 CITY SECRETARY

Date Hand-Delivered/Postmarked:

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Sue | MI

NICKNAME | LAST: Lovell | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 1802 West Main Houston, TX 77098

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Dawn | MI

NICKNAME | LAST: Dancy | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 604 West Clay, No. 4 Houston, TX 77019

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 524-8595 EXTENSION:

8 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)

9 PERIOD COVERED

Month Day Year: 01 / 01 / 03 THROUGH Month Day Year: 07 / 14 / 03

10 ELECTION

ELECTION DATE Month Day Year: 11 / 04 / 03

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Houston City Council, Position 4

12 OFFICE SOUGHT (if known): Houston City Council, Position 4

13 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Sue Lovell

15 ACCOUNT # (Ethics Commission filers)

16 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	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 120.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 40,334.25
3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 18,482.29
5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT

A. K. HUBBARD NOTARY PUBLIC STATE OF TEXAS EXPIRES JAN 5 2006

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Sue Lovell, this the 15 day of July, 20 03, to certify which, witness my hand and seal of office.

A K Hubbard — A K HUBBARD — Notary Public

Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
1/12/2003	Mary Kay Green 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
3/28/2003	Jim Fleming 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/3/2003	Muffie Moroney 6 Contributor Address: City, State, Zip Code [redacted]	$250.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/3/2003	Eleanor Tinsley 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/3/2003	Jack G. Jackson 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 05/22/1996

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
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1 Total pages this schedule A1: 46

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/3/2003	Kerri J. Dorman	$1,000.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/3/2003	Katherine A. Caldwell	$250.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/3/2003	Denise O'Doherty MSN LPC	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/3/2003	Terry Sullivan	$250.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/6/2003	Sterling Structures L.P.	$250.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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Revised 05/22/1998

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/8/2003	Carol Lynne Werner	$250.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/8/2003	Bob Slagle	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/8/2003	Peggy Smith	$250.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/8/2003	Jewel E. Day D.D.S.	$1,000.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/8/2003	Martin Kerner	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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1 Total pages this schedule A1: 46

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/9/2003	John S.W. Kellett 6 Contributor Address: City, State, Zip Code [redacted]	$250.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/17/2003	Christy A. Hext 6 Contributor Address: City, State, Zip Code [redacted]	$500.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/17/2003	Wilford A. Weber 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/17/2003	Butler & Harris 6 Contributor Address: City, State, Zip Code [redacted]	$250.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/17/2003	Janice Gore Thomas 6 Contributor Address: City, State, Zip Code [redacted]	$500.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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1 Total pages this schedule A1: **46**

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/17/2003	Neida J. Shoup 6 Contributor Address: City, State, Zip Code [redacted]	$300.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/17/2003	Esther De Ipolyi 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/17/2003	J. C. & Melinda H. Nickens 6 Contributor Address: City, State, Zip Code [redacted]	$250.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/17/2003	William E. Colburn 6 Contributor Address: City, State, Zip Code [redacted]	$500.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/22/2003	Charles T. Deeds 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this schedule A1: 46

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/22/2003	Richard F. Kammerer 6 Contributor Address: City, State, Zip Code [redacted]	$1,000.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/22/2003	Peter H. Brown 6 Contributor Address: City, State, Zip Code [redacted]	$250.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/22/2003	Catherine A. Llewellyn 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/22/2003	Kenneth Daryl Council 6 Contributor Address: City, State, Zip Code [redacted]	$75.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/23/2003	Marion S. Friedman 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/23/2003	Greg Gladden 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/23/2003	J. H. Jones II 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/23/2003	Edward Miller 6 Contributor Address: City, State, Zip Code [redacted]	$500.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/29/2003	Jo F. Kniejski 6 Contributor Address: City, State, Zip Code [redacted]	$30.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/29/2003	Theresa Daniel 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/29/2003	Sam M. Yates III 6 Contributor Address: City, State, Zip Code [redacted]	$250.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/29/2003	Daniel Pritchett 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/29/2003	Billie Kucherka 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/29/2003	Mark Parthie 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/29/2003	Alma I. Nolen 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/29/2003	Beth Kirby 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Paula S. Arnold 6 Contributor Address: City, State, Zip Code [redacted]	$250.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Rex Koontz 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Mark Stanton Wood 6 Contributor Address: City, State, Zip Code [redacted]	$500.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Paul D Fromberg 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Don L. Keeline 6 Contributor Address: City, State, Zip Code [redacted]	$10.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	David A. Jameson 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Gordon Weisser 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Richard L. Flowers Jr 6 Contributor Address: City, State, Zip Code [redacted]	$250.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Ellen R. Cohen 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Thomas J. Coleman Jr.	$500.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Charles E. Armstrong	$500.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Ben Wilson Pride	$40.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Karl Ferenzzi	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Alison Cameron	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Margaret Meredith Menger	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Peggy Hall	$20.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Margaret W. Hall	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Donald L. Skipwith	$250.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Williams, Birnberg & Anderson, LLP	$700.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: 46

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Fulbright & Jaworski L.L.P. Texas Committee 6 Contributor Address: City, State, Zip Code [redacted]	$500.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Michael Mulloy 6 Contributor Address: City, State, Zip Code [redacted]	$150.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Michael H. Laster 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Carolyn Ann Terry 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
4/30/2003	Billy Bert Wilburn 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/30/2003	Dawn Dancy	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/30/2003	Mary Flood Nugent	$250.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/30/2003	Shelley L. Kennedy	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/30/2003	Joe Milton	$500.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/30/2003	James Coy Tow	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/30/2003	Marjorie Love 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/30/2003	Rev. Helen Morris Havens 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/30/2003	Janet Mathews 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/30/2003	Pam Warren 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
4/30/2003	Janine M. Brunjes RN 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/7/2003	Susan Davis	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/7/2003	Edwin Earl Sargent Jr.	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/7/2003	Charlene Tanner	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/7/2003	A. Katherine Hubbard	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/7/2003	Ken Olive	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/7/2003	Dalton C. Dehart 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/7/2003	Ada Edwards Campaign 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/7/2003	Randall C. Whitmore 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/7/2003	David B. Tarbet 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/13/2003	Andrea Gerber 6 Contributor Address: City, State, Zip Code [redacted]	$250.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/13/2003	Barbara Cigainero	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/13/2003	George Barnstone	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/13/2003	Sandra J. Bubbert	$500.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/15/2003	Diane Dilgren	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
5/15/2003	Catherine A. Mincberg	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
5/15/2003	Martha Falling	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
5/15/2003	Joanna M. Pasternak	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
5/22/2003	Karl J. Reinhardt	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
5/22/2003	Lorraine Wulfe	$250.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
5/30/2003	Kevin Davidson	$192.19	Event Expenses
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
5/30/2003	Roy Neal Tannahill 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
5/30/2003	Gertrude Barnstone 6 Contributor Address: City, State, Zip Code [redacted]	$10.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/1/2003	Helen Cassidy 6 Contributor Address: City, State, Zip Code [redacted]	$250.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/1/2003	N. Grant Martin 6 Contributor Address: City, State, Zip Code [redacted]	$5,000.00	Consulting
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/1/2003	Kelly Nichols 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/1/2003	Joe Weldon Lindley	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/1/2003	Bert Golding	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/3/2003	Roberta Achtenberg	$500.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/3/2003	Dinah Weems	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/4/2003	Bill Sadler	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/4/2003	Gary W. Brewton M.D. 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/4/2003	Richard F. Hightower 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/4/2003	Kathy Griffin 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/4/2003	Christina Cabral 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/4/2003	Judy Ann Reiner 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: Sue Lovell

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/5/2003	Virginia L. Mithoff 6 Contributor Address: City, State, Zip Code [redacted]	$1,000.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/12/2003	Robert McShane 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/12/2003	Terry Hamman 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/12/2003	Jerry M. Blum 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/12/2003	William Lawrence Green CPA, CEP 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/13/2003	Marian M. Denly 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/15/2003	Alex Martinez 6 Contributor Address: City, State, Zip Code [redacted]	$245.00	Event Expenses
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/18/2003	Karen A. Hughes 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/18/2003	Carol Lynne Werner 6 Contributor Address: City, State, Zip Code [redacted]	$40.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/18/2003	John Lengyel 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/18/2003	Terri L. Richardson	$250.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/18/2003	Patricia R. Schroeder	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/18/2003	American Coffee Service	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/18/2003	H. Joe Nelson III	$250.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/18/2003	Ann T. Robinson	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/18/2003	Patricia D. Morin	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/18/2003	Grace S. Yung	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/18/2003	Hally B. W. Poindexter	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/18/2003	Brian T. Stephens	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/18/2003	Kathryn E. Hayden	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: 46

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/18/2003	Carol Lynne Werner 6 Contributor Address: City, State, Zip Code [redacted]	$220.00	Event Expenses
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/18/2003	Beth Mathis 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/18/2003	Brian Van Tubergen 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/18/2003	Valerie Claire Turner 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/18/2003	Dixie Griffin 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: Sue Lovell

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/18/2003	Gail A. Oburn 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/18/2003	Callie D. Beauchamp 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/20/2003	Lawrence G. Bagneris 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/20/2003	Karey P. Bresenhan 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/20/2003	Stewart Zuckerbrod M.D. 6 Contributor Address: City, State, Zip Code [redacted]	$150.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/20/2003	Frank Maurice Staggs Jr.	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/20/2003	Dave Detcher	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/20/2003	Katherine A. Caldwell	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/20/2003	Patrick Palmer	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/20/2003	Ron T. Johnson	$200.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/20/2003	Michael Rosmarin 6 Contributor Address: City, State, Zip Code [redacted]	$1,000.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/21/2003	Jay W. Burnett 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/22/2003	Katherine Ann O'Keefe 6 Contributor Address: City, State, Zip Code [redacted]	$40.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/22/2003	Kim E. Whittington 6 Contributor Address: City, State, Zip Code [redacted]	$200.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/22/2003	Amy Taylor 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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1 Total pages this schedule A1: 46

2 FILER NAME: Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/22/2003	D. L. McQuarrie 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/22/2003	Don Keeline 6 Contributor Address: City, State, Zip Code [redacted]	$10.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/22/2003	Greg Boe 6 Contributor Address: City, State, Zip Code [redacted]	$20.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/22/2003	Brooks Ballard 6 Contributor Address: City, State, Zip Code [redacted]	$250.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
6/22/2003	Marvin A. Rich 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/22/2003	Charlotte L. Avery 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/22/2003	Jennifer Ann Eaves 6 Contributor Address: City, State, Zip Code [redacted]	$1,500.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/22/2003	Alice Smith 6 Contributor Address: City, State, Zip Code [redacted]	$211.69	Kroger Supermarket - Donation of Food & Drinks to Sue Lovell Campaign
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/22/2003	Carydwen Ferenczy 6 Contributor Address: City, State, Zip Code [redacted]	$30.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/23/2003	Robert Raulstone 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/23/2003	John S. Sharp 6 Contributor Address: City, State, Zip Code [redacted]	$500.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/23/2003	Patti Creede 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/24/2003	Rebecca L. White MBA 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/25/2003	Samuel D. Keeper 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/25/2003	Joanna Hoover 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/25/2003	James Ewing	$300.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/25/2003	Jeff Soref	$1,000.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/26/2003	Kirk Ferris	$20.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/26/2003	Nelda Faye Majors	$300.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/26/2003	James F. Dausch	$1,000.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/27/2003	Mary Anne Piacentini 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/27/2003	James Greenwood 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/29/2003	Angela Blanchard 6 Contributor Address: City, State, Zip Code [redacted]	$500.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/30/2003	Todd Foster 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
6/30/2003	MaryJo Moffett Wilson 6 Contributor Address: City, State, Zip Code [redacted]	$250.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/4/2003	Kenneth Neil Jones 6 Contributor Address: City, State, Zip Code [redacted]	$410.37	Event Expenses
9 Principal Occupation (Optional):	10 Employer (Optional):		
4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/10/2003	Houston Gay & Lesbian Political Caucus PAC 6 Contributor Address: City, State, Zip Code [redacted]	$825.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		
4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/10/2003	Janine M. Brunjes RN 6 Contributor Address: City, State, Zip Code [redacted]	$200.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		
4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/11/2003	C. Patrick McIlvain 6 Contributor Address: City, State, Zip Code [redacted]	$20.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		
4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/14/2003	Marcia W. Carter 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Caroline F. Levander 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Peter C. Caldwell 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Paula Amato 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Lynn M. Veskull 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Lillian Care 6 Contributor Address: City, State, Zip Code [redacted]	$10.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Boyd R. Beckwith	$75.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Adrain Bowie	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Betty Joseph	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Hosam M. Abeul-Ela	$30.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Allison Sneider	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	**Rachel Zuckert**	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	**Beatriz Gonzalez-Stephan**	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	**George P. Mitchell**	$250.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	**Linda Honeycutt DC**	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	**Lynne Huffer**	$315.00	**Event Expenses**
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/14/2003	**Maria C. Gonzalez**	$50.00	**Event Expenses**
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/14/2003	**Natalie N. Houston**	$20.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/14/2003	**Saye Farnoush Safizi**	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/14/2003	**Carolyn Shulman**	$75.00	**Event Entertainment**
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/14/2003	**Nancy Deffebach**	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 05/22/1999

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: 46

2 FILER NAME: Sue Lovell

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Ann J. Robison	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Elaine Decanio	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Dorothy M. Willis M.D.	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Jane Bowman Smith	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Richard D. Bebermeyer DDS, MBA	$100.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: 46

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Alison Cameron	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	William S. Gilmer MD	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Frank Campisi	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Diane Dilgren	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Susan C. Bolig	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: 46

2 FILER NAME: Sue Lovell

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/14/2003	Gordon Weisser 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/14/2003	Molly Beth Malcolm 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/14/2003	Janine M. Brunjes RN 6 Contributor Address: City, State, Zip Code [redacted]	$200.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/14/2003	Gordon Weisser 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable):
7/14/2003	William E. Colburn 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: 46

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Susan H. Lurie 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Frances "Sissy" Farenthold 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	John "J.P." Pluecker 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Elizabeth Long 6 Contributor Address: City, State, Zip Code [redacted]	$30.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Kim Lopez 6 Contributor Address: City, State, Zip Code [redacted]	$25.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: 46

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Maria C. Gonzalez	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Hannah Landecker	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Andrea Roberts	$25.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Lora J. Wildenthal	$40.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Helena Michie	$50.00	
	6 Contributor Address: City, State, Zip Code [redacted]		
9 Principal Occupation (Optional):	10 Employer (Optional):		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: 46

2 FILER NAME: Sue Lovell

3 ACCOUNT # (Ethics Comission filers)

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Eugene H. Levy 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Robert A. Buzzanco 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Jane Greenberg 6 Contributor Address: City, State, Zip Code [redacted]	$100.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

4 Date	5 Full Name of Contributor: ☐ out of state PAC	7 Amount of contribution ($):	8 In kind contribution (if applicable) :
7/14/2003	Eva Rodriguez-Thibaudeau 6 Contributor Address: City, State, Zip Code [redacted]	$50.00	
9 Principal Occupation (Optional):	10 Employer (Optional):		

Schedule A1 Report Total: $40,214.25

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 06/22/1998

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F: 4

FILER NAME: Sue Lovell

ACCOUNT # (Ethics Commission filers):

Date	Payee Name / Payee address	Amount ($)
4/22/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$1,530.00

Purpose of payment (See instructions regarding type of information required): Printing

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	Amount ($)
4/22/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$5,000.00

Purpose of payment (See instructions regarding type of information required): Consulting

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	Amount ($)
5/1/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$40.00

Purpose of payment (See instructions regarding type of information required): Maps

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	Amount ($)
5/1/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$642.32

Purpose of payment (See instructions regarding type of information required): Postage & Mail House

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F: 4

FILER NAME: Sue Lovell

ACCOUNT # (Ethics Commission filers):

Date	Payee Name / Payee address	Amount ($)
5/1/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$278.09

Purpose of payment (See instructions regarding type of information required): Printing

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	Amount ($)
5/1/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$5,000.00

Purpose of payment (See instructions regarding type of information required): Consulting

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	Amount ($)
7/2/2003	Grant Martin Consulting	$22.27

Purpose of payment (See instructions regarding type of information required): Volunteer Refreshments

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	Amount ($)
7/2/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$189.07

Purpose of payment (See instructions regarding type of information required): Postage

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F: 4

FILER NAME: Sue Lovell

ACCOUNT # (Ethics Commission filers):

Date	Payee Name / Payee address	Amount ($)
7/2/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$43.78

Purpose of payment (See instructions regarding type of information required): Printing

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	Amount ($)
7/2/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$34.30

Purpose of payment (See instructions regarding type of information required): Credit Card Processing Fees

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	Amount ($)
7/2/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$208.81

Purpose of payment (See instructions regarding type of information required): Office Supplies

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	Amount ($)
7/2/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$20.00

Purpose of payment (See instructions regarding type of information required): Sponsorship 276 Community Club

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F: 4

FILER NAME: Sue Lovell

ACCOUNT # (Ethics Commission filers):

Date	Payee Name / Payee address	Amount ($)
7/2/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$129.97

Purpose of payment (See instructions regarding type of information required): Parade Expenses

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	Amount ($)
7/2/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$343.68

Purpose of payment (See instructions regarding type of information required): Event Expenses

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Payee Name / Payee address	Amount ($)
7/2/2003	Grant Martin Consulting P.O. Box 667307 Houston, TX 77266-7307	$5,000.00

Purpose of payment (See instructions regarding type of information required): Consulting

** Complete if direct expenditures to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Schedule F Report Total: $18,482.29

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