

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:
36

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Sue
NICKNAME LAST SUFFIX
Lovell

OFFICE USE ONLY

Date Received
RECEIVED
OCT 6 2003
Date Hand-Delivered or Date Postmarked
CITY SECRETARY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

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

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 523-1762

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Dawn
NICKNAME LAST SUFFIX
Dancy

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 524-8595

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07 / 01 / 03 THROUGH 09 / 25 / 03

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 04 / 03
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)
Houston City Council at Large, Position 4

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name
Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Sue Lovell 16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

**** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ****

| | | |
|---|---|--|
| <input type="checkbox"/> additional pages | 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 | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 12,235.37 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 11,331.22 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 17,645.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

19 AFFIDAVIT



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 6 day of October 2003, to certify which, witness my hand and seal of office.

A.K. Husband
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: 27 |
| 2 FILER NAME: Sue Lovell | 3 ACCOUNT # (Ethics Commission filers) |

| | | | |
|--|---|---|---|
| 4 Date 7/1/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC MaryJo Moffett Wilson | 7 Amount of contribution (\$): \$250.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

| | | | |
|--|--|---|--|
| 4 Date 7/4/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenneth Neil Jones | 7 Amount of contribution (\$): \$410.37 | 8 In kind contribution (if applicable): Event Expenses |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

| | | | |
|--|---|--|---|
| 4 Date 7/9/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Terry A. Sullivan | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

| | | | |
|--|--|---|---|
| 4 Date 7/10/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Gay & Lesbian Political Caucus PAC | 7 Amount of contribution (\$): \$825.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

| | | | |
|--|---|--|---|
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Allison Sneider | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL 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: 27 | |
| 2 FILER NAME: Sue Lovell | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jane Greenberg | 7 Amount of contribution (\$): \$100.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan H. Lurie | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nancy Deffebach | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Betty Joseph | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Boyd R. Beckwith | 7 Amount of contribution (\$): \$75.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

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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: **27**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/14/2003

5 Full Name of Contributor:

Lynn M. Voskuil out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/14/2003

5 Full Name of Contributor:

Paula Amato out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/14/2003

5 Full Name of Contributor:

Peter Charles Caldwell out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/14/2003

5 Full Name of Contributor:

Caroline F. Levander out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/14/2003

5 Full Name of Contributor:

Robert A. Buzzanco out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: **27**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/14/20035 Full Name of Contributor:
Lillian Care out of state PAC7 Amount of
contribution (\$):
\$10.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/14/20035 Full Name of Contributor:
Adrain Bowie out of state PAC7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/14/20035 Full Name of Contributor:
Rachel Zuckert out of state PAC7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/14/20035 Full Name of Contributor:
Beatriz Gonzalez-Stephan out of state PAC7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/14/20035 Full Name of Contributor:
George P. Mitchell out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: 27 | |
| 2 FILER NAME: Sue Lovell | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ann J. Robison | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linda Enders Honeycutt DC | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lynne Rand Huffer | 7 Amount of contribution (\$): \$315.00 | 8 In kind contribution (if applicable): Event Expenses |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Maria C. Gonzalez | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): Event Expenses |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carolyn Shulman | 7 Amount of contribution (\$): \$75.00 | 8 In kind contribution (if applicable): Event Entertainment |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

| | | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages this schedule A1: 27 | |
| 2 FILER NAME: Sue Lovell | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dorothy M. Willis M.D. | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marcia W. Carter | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Frank B. Campisi | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jane Bowman Smith | 7 Amount of contribution (\$): \$100.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard David Bebermeyer DDS, MBA | 7 Amount of contribution (\$): \$100.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

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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: **27**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/14/2003

5 Full Name of Contributor:

Hosam M. Aboul-Ela out of state PAC7 Amount of
contribution (\$):**\$30.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/14/2003

5 Full Name of Contributor:

William S. Gilmer MD out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/14/2003

5 Full Name of Contributor:

Eugene H. Levy out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/14/2003

5 Full Name of Contributor:

Diane Dilgren out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/14/2003

5 Full Name of Contributor:

Susan C. Bolig out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

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: 27 | |
| 2 FILER NAME: Sue Lovell | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gordon Harry Weisser | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Molly Beth Malcolm | 7 Amount of contribution (\$): \$100.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janine Marie Brunjes RN, MA | 7 Amount of contribution (\$): \$200.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Eva Rodriguez-Thibaudeau | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William Earl Colburn | 7 Amount of contribution (\$): \$100.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

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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: 27 |
| 2 FILER NAME: Sue Lovell | 3 ACCOUNT # (Ethics Commission filers) |

| | | | |
|--|---|--|---|
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Frances T. "Sissy" Farenthold | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

| | | | |
|--|--|--|---|
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John "J.P." Pluecker | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

| | | | |
|--|--|--|---|
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elizabeth Long | 7 Amount of contribution (\$): \$30.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

| | | | |
|--|---|--|---|
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Helena Michie | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

| | | | |
|--|--|--|---|
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kimberly Kay Lopez | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

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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: 27 | |
| 2 FILER NAME: Sue Lovell | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Maria C. Gonzalez | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hannah L. Landecker | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrea Roberts | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lora Joyce Wildenthal | 7 Amount of contribution (\$): \$40.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elaine Claire Decanio | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

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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: **27**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

| | | | |
|----------------------------|--|--|---|
| 4 Date 7/14/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alison Cameron | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

| | | | |
|----------------------------|---|--|---|
| 4 Date 7/16/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC C. Patrick McIlvain | 7 Amount of contribution (\$): \$20.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

| | | | |
|----------------------------|--|--|---|
| 4 Date 7/16/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Natalie N. Houston | 7 Amount of contribution (\$): \$20.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

| | | | |
|----------------------------|--|--|---|
| 4 Date 7/16/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Faye Farnoush Safavi | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

| | | | |
|----------------------------|--|--|---|
| 4 Date 7/16/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrea Jill Gerber | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

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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: 27 | |
| 2 FILER NAME: Sue Lovell | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 7/16/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edwin Earl Sargent Jr. | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/16/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Kay Green | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/16/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Christy Ann Hext | 7 Amount of contribution (\$): \$100.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/18/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Martin Koenig | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 7/21/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James A. Null | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

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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: 27

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/22/2003

5 Full Name of Contributor:

D & J Investments out of state PAC

7 Amount of contribution (\$):

\$1,000.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/25/2003

5 Full Name of Contributor:

Sharon E. Macha out of state PAC

7 Amount of contribution (\$):

\$200.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/30/2003

5 Full Name of Contributor:

Sue Ann Cox out of state PAC

7 Amount of contribution (\$):

\$25.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/30/2003

5 Full Name of Contributor:

Thomas J. Coleman Jr. out of state PAC

7 Amount of contribution (\$):

\$200.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

7/30/2003

5 Full Name of Contributor:

Deborah Harter out of state PAC

7 Amount of contribution (\$):

\$25.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: **27**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/8/2003

5 Full Name of Contributor:

C. Patrick McIlvain out of state PAC7 Amount of
contribution (\$):**\$20.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/8/2003

5 Full Name of Contributor:

Jerry S. Baiamonte out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/8/2003

5 Full Name of Contributor:

Carmen H. Pollock out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/8/2003

5 Full Name of Contributor:

Edward B. Vinson out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/15/2003

5 Full Name of Contributor:

Richard G. Wilson out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: **27**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/15/20035 Full Name of Contributor: out of state PAC
David Venn Leeds7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/22/20035 Full Name of Contributor: out of state PAC
Carlton Scott Smith7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/22/20035 Full Name of Contributor: out of state PAC
Mary Hyne Dipboye7 Amount of
contribution (\$):
\$30.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/22/20035 Full Name of Contributor: out of state PAC
Susan Mary Sanders7 Amount of
contribution (\$):
\$20.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/27/20035 Full Name of Contributor: out of state PAC
Sheila Anntoinette Mylar7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: **27**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/27/20035 Full Name of Contributor: out of state PAC
Kelli Diane Johnson7 Amount of
contribution (\$):
\$75.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/27/20035 Full Name of Contributor: out of state PAC
Angela Johnson Synek7 Amount of
contribution (\$):
\$40.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/27/20035 Full Name of Contributor: out of state PAC
Jimmy Frank Howell7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/27/20035 Full Name of Contributor: out of state PAC
Susan W. Shorr7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/28/20035 Full Name of Contributor: out of state PAC
Wynne Walker7 Amount of
contribution (\$):
\$30.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: 27 | |
| 2 FILER NAME: Sue Lovell | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 8/28/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Unallocated misc. cash donations less than \$50 ea. | 7 Amount of contribution (\$): \$30.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 8/28/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michelle Hurst Dean | 7 Amount of contribution (\$): \$40.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 8/28/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sharon A. Land | 7 Amount of contribution (\$): \$100.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 8/28/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jill T. Sullivan | 7 Amount of contribution (\$): \$100.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| 4 Date 8/28/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan Kim O'Reilly | 7 Amount of contribution (\$): \$60.00 | 8 In kind contribution (if applicable): |
| 6 Contributor Address: City, State, Zip Code [REDACTED] | | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED. If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **27**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/28/2003

5 Full Name of Contributor:

Steven Ray Francis out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/28/2003

5 Full Name of Contributor:

Jani Lopez out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/28/2003

5 Full Name of Contributor:

Debra J. Sanders out of state PAC7 Amount of
contribution (\$):**\$30.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/28/2003

5 Full Name of Contributor:

Deanna Lynn Ferrante out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/28/2003

5 Full Name of Contributor:

Christy Ann Hext out of state PAC7 Amount of
contribution (\$):**\$250.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: **27**

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/28/2003

5 Full Name of Contributor: out of state PAC
Mark Alan Brandt

7 Amount of
contribution (\$):
\$50.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/28/2003

5 Full Name of Contributor: out of state PAC
Reyna Moore

7 Amount of
contribution (\$):
\$100.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/29/2003

5 Full Name of Contributor: out of state PAC
Big Art Company

7 Amount of
contribution (\$):
\$100.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/29/2003

5 Full Name of Contributor: out of state PAC
Leonard Victor Parent

7 Amount of
contribution (\$):
\$20.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/4/2003

5 Full Name of Contributor: out of state PAC
Ella Therese Tyler

7 Amount of
contribution (\$):
\$75.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **27**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/5/2003

5 Full Name of Contributor:

Alton Forrest Pearce out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/5/2003

5 Full Name of Contributor:

Cheryl Robin out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/5/2003

5 Full Name of Contributor:

Heather Lockhart out of state PAC7 Amount of
contribution (\$):**\$15.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/5/2003

5 Full Name of Contributor:

Larissa Ann Lindsay out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/5/2003

5 Full Name of Contributor:

Terri L. Larson out of state PAC7 Amount of
contribution (\$):**\$20.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: 27 | |
| 2 FILER NAME: Sue Lovell | | 3 ACCOUNT # (Ethics Commission filers) | |

| | | | |
|---------------------------|---|--|---|
| 4 Date 9/5/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ayn Blackburn Garza | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |

| | |
|---|---------------------------------|
| 9 Principal occupation \ Job title (See Instructions) | 10 Employer (See Instructions): |
|---|---------------------------------|

| | | | |
|---------------------------|--|--|---|
| 4 Date 9/5/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dorothy Marchard | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |

| | |
|---|---------------------------------|
| 9 Principal occupation \ Job title (See Instructions) | 10 Employer (See Instructions): |
|---|---------------------------------|

| | | | |
|---------------------------|--|---|---|
| 4 Date 9/5/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Angela Jewel Beavers | 7 Amount of contribution (\$): \$100.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |

| | |
|---|---------------------------------|
| 9 Principal occupation \ Job title (See Instructions) | 10 Employer (See Instructions): |
|---|---------------------------------|

| | | | |
|---------------------------|--|---|---|
| 4 Date 9/5/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Steven Jeffrey Allen | 7 Amount of contribution (\$): \$150.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |

| | |
|---|---------------------------------|
| 9 Principal occupation \ Job title (See Instructions) | 10 Employer (See Instructions): |
|---|---------------------------------|

| | | | |
|---------------------------|---|--|---|
| 4 Date 9/5/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cynthia A. Gibson | 7 Amount of contribution (\$): \$25.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |

| | |
|---|---------------------------------|
| 9 Principal occupation \ Job title (See Instructions) | 10 Employer (See Instructions): |
|---|---------------------------------|

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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: **27**

2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/5/2003

5 Full Name of Contributor: out of state PAC
Cynthia Fontana Grant

7 Amount of
contribution (\$):
\$50.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

1: [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/5/2003

5 Full Name of Contributor: out of state PAC
Elena Maslia Marks

7 Amount of
contribution (\$):
\$50.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/5/2003

5 Full Name of Contributor: out of state PAC
Unallocated misc. cash donations less than \$50 ea.

7 Amount of
contribution (\$):
\$40.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/5/2003

5 Full Name of Contributor: out of state PAC
Dawn Dancy

7 Amount of
contribution (\$):
\$50.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/5/2003

5 Full Name of Contributor: out of state PAC
Cristelia Perez

7 Amount of
contribution (\$):
\$40.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: **27**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/5/2003

5 Full Name of Contributor:

George W. Strong out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/8/2003

5 Full Name of Contributor:

Brian M. O'Donnell out of state PAC

7 Amount of contribution (\$):

\$50.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/8/2003

5 Full Name of Contributor:

Earle Plain Martin Jr. out of state PAC

7 Amount of contribution (\$):

\$25.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/8/2003

5 Full Name of Contributor:

Kay Marie Peterson out of state PAC

7 Amount of contribution (\$):

\$75.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/8/2003

5 Full Name of Contributor:

Dorothy Marchand out of state PAC

7 Amount of contribution (\$):

\$50.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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

POLITICAL 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: **27**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

| | | | |
|---|--|---|---|
| 4 Date 9/9/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jani Lopez | 7 Amount of contribution (\$): \$250.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

| | | | |
|---|---|--|---|
| 4 Date 9/9/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janice Chrabas Blue | 7 Amount of contribution (\$): \$50.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

| | | | |
|---|--|---|---|
| 4 Date 9/9/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Glen Maxey | 7 Amount of contribution (\$): \$500.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

| | | | |
|---|---|---|---|
| 4 Date 9/9/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael Dennis Yancey | 7 Amount of contribution (\$): \$100.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

| | | | |
|---|--|---|---|
| 4 Date 9/9/2003 | 5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Madeleine G. Appel | 7 Amount of contribution (\$): \$150.00 | 8 In kind contribution (if applicable): |
| | 6 Contributor Address: City, State, Zip Code [REDACTED] | | |
| 9 Principal occupation \ Job title (See Instructions) | | 10 Employer (See Instructions): | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL 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: **27**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/9/2003

5 Full Name of Contributor:

Mary Flood Nugent out of state PAC

7 Amount of contribution (\$):

\$250.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/10/2003

5 Full Name of Contributor:

Dolores Russell Goble out of state PAC

7 Amount of contribution (\$):

\$25.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2003

5 Full Name of Contributor:

Emilie Smith Kilgore out of state PAC

7 Amount of contribution (\$):

\$25.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/16/2003

5 Full Name of Contributor:

Dane Michael Johnson out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/22/2003

5 Full Name of Contributor:

Ruth Burgos-Sasscer out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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

POLITICAL 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: **27**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/22/2003

5 Full Name of Contributor:

Adrian Neil Havens out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/22/2003

5 Full Name of Contributor:

Leta Stephanie Parks out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/22/2003

5 Full Name of Contributor:

Claudia F. Williamson out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/22/2003

5 Full Name of Contributor:

Edward Miller out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/24/2003

5 Full Name of Contributor:

Karen Ostrum George out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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

**POLITICAL 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: **27**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/24/2003

5 Full Name of Contributor:

Eva I. Hern out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/24/2003

5 Full Name of Contributor:

Anita Schon out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

Schedule A1 Report Total:

\$12,235.37

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

7

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date
7/2/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$5,000.00

P.O. Box 667307, Houston, TX
77266

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

Consulting Fee

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
7/2/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$341.82

P.O. Box 667307, Houston, TX
77266

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

Event Expense

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
7/2/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$228.19

P.O. Box 667307, Houston, TX
77266

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
7/2/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$189.07

P.O. Box 667307, Houston, TX
77266

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

7

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

| | | |
|------------------|--|-------------|
| Date 7/2/2003 | Payee Name Grant Martin Consulting | Amount (\$) |
| | Payee address P.O. Box 667307, Houston, TX 77266 | \$56.23 |
| | City; State; Zip Code | |

| | |
|--|--|
| 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 7/2/2003 | Payee Name Grant Martin Consulting | Amount (\$) |
| | Payee address P.O. Box 667307, Houston, TX 77266 | \$20.00 |
| | City; State; Zip Code | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required) Sponsorship 276 Community Club Inc | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|------------------|--|-------------|
| Date 7/2/2003 | Payee Name Grant Martin Consulting | Amount (\$) |
| | Payee address P.O. Box 667307, Houston, TX 77266 | \$100.00 |
| | City; State; Zip Code | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required) Sponsorship Pride Parade | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|------------------|--|-------------|
| Date 7/2/2003 | Payee Name Grant Martin Consulting | Amount (\$) |
| | Payee address P.O. Box 667307, Houston, TX 77266 | \$22.27 |
| | City; State; Zip Code | |

| | |
|--|--|
| 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 |
|--|--|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

SCHEDULE F**POLITICAL EXPENDITURES**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

7

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

| Date | Payee Name | City; | State; | Zip Code | Amount (\$) |
|--|-------------------------|---|--------|---------------|-------------|
| 7/2/2003 | Grant Martin Consulting | | | | \$34.30 |
| Payee address | | P.O. Box 667307, Houston, TX 77266 | | | |
| Purpose of payment (See instructions regarding type of information required) | | ** Complete if direct expenditures to benefit C/OH ** | | | |
| Bank Charge | | Candidate / Officeholder name | | Office sought | Office held |
| 7/29/2003 | Grant Martin Consulting | | | | \$2,500.00 |
| Payee address | | P.O. Box 667307, Houston, TX 77266 | | | |
| Purpose of payment (See instructions regarding type of information required) | | ** Complete if direct expenditures to benefit C/OH ** | | | |
| Consulting Fee | | Candidate / Officeholder name | | Office sought | Office held |
| 8/12/2003 | Grant Martin Consulting | | | | \$23.49 |
| Payee address | | P.O. Box 667307, Houston, TX 77266 | | | |
| Purpose of payment (See instructions regarding type of information required) | | ** Complete if direct expenditures to benefit C/OH ** | | | |
| Printing | | Candidate / Officeholder name | | Office sought | Office held |
| 8/12/2003 | Grant Martin Consulting | | | | \$2,500.00 |
| Payee address | | P.O. Box 667307, Houston, TX 77266 | | | |
| Purpose of payment (See instructions regarding type of information required) | | ** Complete if direct expenditures to benefit C/OH ** | | | |
| Consulting Fee | | Candidate / Officeholder name | | Office sought | Office held |

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Revised 09/01/2003

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 7

FILER NAME **Sue Lovell** ACCOUNT # (Ethics Commission filers)

| | | |
|--|---------------------------------------|------------------------|
| Date 8/12/2003 | Payee Name Grant Martin Consulting | Amount (\$) \$31.20 |
| Payee address P.O. Box 667307, Houston, TX 77266 | | |
| City; State; Zip Code | | |

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

| | | |
|--|---------------------------------------|------------------------|
| Date 8/12/2003 | Payee Name Grant Martin Consulting | Amount (\$) \$41.04 |
| Payee address P.O. Box 667307, Houston, TX 77266 | | |
| City; State; Zip Code | | |

Purpose of payment (See instructions regarding type of information required)
Research

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

| | | |
|--|---------------------------------------|-----------------------|
| Date 8/12/2003 | Payee Name Grant Martin Consulting | Amount (\$) \$4.50 |
| Payee address P.O. Box 667307, Houston, TX 77266 | | |
| City; State; Zip Code | | |

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 8/12/2003 | Payee Name Grant Martin Consulting | Amount (\$) \$88.58 |
| Payee address P.O. Box 667307, Houston, TX 77266 | | |
| City; State; Zip Code | | |

Purpose of payment (See instructions regarding type of information required)
Web Site

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 7

FILER NAME **Sue Lovell** ACCOUNT # (Ethics Commission filers)

| | | |
|-------------------|--|-------------|
| Date 8/12/2003 | Payee Name Grant Martin Consulting | Amount (\$) |
| | Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266 | \$9.00 |

| | |
|---|--|
| 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 9/15/2003 | Payee Name Grant Martin Consulting | Amount (\$) |
| | Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266 | \$10.66 |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required) Web Site | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|-------------------|--|-------------|
| Date 9/15/2003 | Payee Name Grant Martin Consulting | Amount (\$) |
| | Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266 | \$9.00 |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required) Copies | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|-------------------|--|-------------|
| Date 9/15/2003 | Payee Name Grant Martin Consulting | Amount (\$) |
| | Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266 | \$12.87 |

| | |
|---|--|
| 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 |
|---|--|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F
7

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

| | | |
|-------------------|--|-------------|
| Date 9/15/2003 | Payee Name Grant Martin Consulting | Amount (\$) |
| | Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266 | \$9.00 |

| | |
|--|--|
| 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 9/15/2003 | Payee Name Grant Martin Consulting | Amount (\$) |
| | Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266 | \$25.00 |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required) Sponsorship Apostolic Faith Church | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|-------------------|--|-------------|
| Date 9/15/2003 | Payee Name Grant Martin Consulting | Amount (\$) |
| | Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266 | \$40.00 |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required) Sponsorship Tejano Democrats | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

| | | |
|-------------------|--|-------------|
| Date 9/15/2003 | Payee Name Grant Martin Consulting | Amount (\$) |
| | Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266 | \$25.00 |

| | |
|---|--|
| Purpose of payment (See instructions regarding type of information required) Sponsorship Walk this Way and Vote! | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

7

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date

9/15/2003

Payee Name

Grant Martin Consulting

Amount

(\$)

Payee address

City;

State;

Zip Code

\$10.00

P.O. Box 667307, Houston, TX
77266

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

Schedule F Report Total:

\$11,331.22



TO: Campaign
FROM: Chuck Wolfe, President/CEO
Gay & Lesbian Victory Fund
DATE: Oct. 2, 2003
RE: FEC Form

I hereby certify that this document is a complete and accurate copy of the original document on file with the Federal Election Commission.

Signed: Chuck Wolfe
Chuck Wolfe

Dated: 10/2/03

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Form 12FE4M5

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

GAY AND LESBIAN VICTORY FUND

ADDRESS (Street and street) 1705 DeSales Street, NW

(Check if address is changed)

5th Floor

WASHINGTON

DC

20036

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

victory@victoryfund.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.victoryfund.org

2. DATE 03 28 2003

3. FEC IDENTIFICATION NUMBER C00251835

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

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

Type or Print Name of Treasurer Charles A. Wolfe

Signature of Treasurer Electronically Filed by Charles A. Wolfe Date 03 28 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1110

FEC FORM 1
(Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

| | | | | | |
|-----------------------------|----------------|-------|--------|-----------|----------------|
| Candidate Party Affiliation | Office Sought: | House | Senate | President | State District |
|-----------------------------|----------------|-------|--------|-----------|----------------|

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

Name of Candidate _____

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

GAY AND LESBIAN VICTORY FUND

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

Full Name Charles A. Wolfe

Mailing Address 1705 De Sales Street NW 5th Fl.

Washington DC 20036
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number _____

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

Full Name of Treasurer Charles A. Wolfe

Mailing Address 1705 De Sales Street NW 5th Fl.

Washington DC 20036
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number _____

Full Name of Designated Agent Curt Finkelmeyer

Mailing Address 1705 DeSales Street, NW
5th Floor

Washington DC 20036
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number _____

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

Name of Bank, Depository, etc.

Adams National Bank

Mailing Address

1501 K Street NW

Washington

DC

20005

CITY Δ

STATE Δ

ZIP CODE Δ

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

Name of Bank, Depository, etc.

[ADDITIONAL]

Cmbank

Mailing Address

P.O. Box 19748

Washington

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

_____ Telephone number _____