

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: 123
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR SUE	FIRST SUE	MI
	NICKNAME LOVELL	LAST LOVELL	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 1802 West Main	APT / SUITE #:	CITY: Houston STATE: TX ZIP CODE: 77098
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 520-6756 EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Dawn	FIRST Dawn	MI
	NICKNAME Dancy	LAST Dancy	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 1033 Bayland Avenue, Unit 2	APT / SUITE #:	CITY: Houston, TX STATE: TX ZIP CODE: 77009
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 863-9690	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 01	Day 01	Year 2005 THROUGH Month 06 Day 30 Year 2005
11 ELECTION	ELECTION DATE Month 11 Day 08 Year 2005		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Houston City Council At-Large Position 2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

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 files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 101.17**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 55,615.88**

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES **\$ 15,415.91**

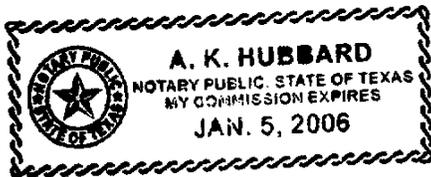
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD **\$ 31,046.01**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$**

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sue Lovell
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sue Lovell, this the 15 day of July, 2005, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

A. K. HUBBARD
Printed name of officer administering oath

NORMA PRIZUE
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) David Meadows	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Washington, DC 20009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) C. Patrick McIlvain	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-8113			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Betty Richie	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Graham, TX 76450			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/23/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jay L. Moore Jr	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
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 A (FOR FORMS C/OH and SPAC)	
The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/23/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Madeleine G. Appel	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77096-2501			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Ken Bailey	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Austin, TX 78731			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Cindy L. Clifford	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77019-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Michael B. McPhail	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Irving, TX 75062			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Brooks Ballard	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable): Office Space
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Karen T. McLeaish	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Odessa, TX 79763			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Amanda Scott	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77025			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/4/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Paula S. Arnold	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019-3823			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/4/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Michael V. Bodin	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77023-1146			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/4/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Roberta Achtenberg	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] San Francisco, CA 94114			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/8/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Edwin Earl Sargent Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019-4829			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/9/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Shelley L. Kennedy	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/9/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Michael H Myers	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Tucson, AZ 85728-5629			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/9/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Richard L. Flowers Jr	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77007-2008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/10/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) William E. Colburn	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77006-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/10/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Andrew P. Tobias	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Miami, FL 33138-5717			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/10/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) John S.W. Kellett	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code _____, Houston, TX 77006-4325			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/10/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jeff Soref	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code _____, New York, NY 10003			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jim Fleming	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code _____, Abilene, TX 79602-1222			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Ruth Burgos-Sasscer	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code _____, Silver Springs, MD 20906-5670			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Claude Rennie Glover	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Theresa Daniel	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Dallas, TX 75218			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Marion Kay Saunders	7 Amount of contribution (\$): \$125.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77025-1330			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Mark Parthie	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77007-7618			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) MaryJo Moffett Wilson	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Washington, D.C. 20015			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Gordon H. Weisser	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019-5655			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Carlton Scott Smith	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Joe Weldon Lindley	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-5804			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/22/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Edward Miller	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Texarkana, TX 75504			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/22/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Dalton Claude Dehart	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027-5343			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/22/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Ellen R. Cohen	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77096-2911			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/22/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Margaret Meredith Menger	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77042			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/22/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Gary Teixeira	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-8347			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/22/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Roy Neal Tannahill	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019-6193			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/22/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Sharon E. Macha	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77035			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/22/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Zelma V. Etheredge	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77025-2901			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Kenneth Lowery Olive	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77081			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 3/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Kerri J. Dorman	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Marc S. Whitehead	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77002			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Brooks Ballard	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable): Office Space
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Chuck Whitman	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable): Printing
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77092			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Michael J. Collins	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77005			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Todd Batson	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Michael Howard Laster	7 Amount of contribution (\$): \$750.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77057-3732			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS		SCHEDULE A (FOR FORMS C/OH and SPAC)	
The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/5/2005	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC (ID#: <u>00075825</u>) Gay & Lesbian Victory Fund PAC - Federal	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable): Advertising
6 Contributor Address: City, State, Zip Code [REDACTED] Washington, DC 20036-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/6/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) David L. Muck	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) James W. Ewing	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Sally Elizabeth Andrews	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Karl J. Reinhardt	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Bellaire, TX 77401-5407			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/8/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Karen L. Bean	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77084-3101			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/12/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Tim Herron	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Spring, TX 77381			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/14/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Timothy G. Cagle	7 Amount of contribution (\$): \$286.99	8 In kind contribution (if applicable): Event Catering and supplies
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/14/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Richard F. Kammerer	7 Amount of contribution (\$): \$287.00	8 In kind contribution (if applicable): Event Catering and Supplies
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Alice Smith	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable): Event Refreshments
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Eric J Stern	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] NW, Washington, DC 20009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) James F. Kovach	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) David W. Arpin	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Steve J. Louis	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77248-7056			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Lester H. Sorsby Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) H. Joe Nelson III	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-6321			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Elizabeth Ann Smith	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Mark Scioneaux	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009-5234			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) David Newton	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) John E. Parkerson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Frank E. Hood Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Frank B. Campisi	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) John O'Donnell	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 770064414			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Bruno A. A. Brady	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77057-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Roberta Hicks	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Amarillo, TX 79106			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) John S. Steele	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77008-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Andrew Tallin	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) David L. Muck	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Virginia Cicely Wynne	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Timothy J. Martinez	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Michael B. Johnson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) C. Andrew McCain	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Nelta Culver	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Michael B. Good	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC (ID#: 000256235) Gay & Lesbian Victory Fund PAC - Federal	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Washington, DC 20036-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Gary Teixeira	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-8347			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Carlos Anthony Reyes Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008-4212			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Pamela Jane Best	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019-6822			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Charlotte Card	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Krista Labus	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Robert Weinberger	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77057-2016			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Eleanor Tinsley	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77046-1505			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Kay Sherman Staley	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Kenneth Daryl Council	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77019-5335			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) John A. Matlage Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77057-2016			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Wilford A. Weber	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77030-1213			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Richard F. Hightower	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, Tx 77027-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Sterling Structures L.P.	7 Amount of contribution (\$): \$350.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77024			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Dolores R. Goble	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-6329			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Lora Joyce Wildenthal	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008-2656			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) D. L. McQuarrie	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77047			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Greg Boe	7 Amount of contribution (\$): \$40.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/22/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jeffry Abrams	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Amber Batson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Ruben Ortiz	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) David B. Tarbet	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-4923			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**SCHEDULE A
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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Adam R Rose	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Cross River, NY 10518-0657			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Ellen Rosenfeld	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Fairfield, CT 06824-5705			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) J. Christopher Kennedy	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Los Angeles, CA 90046-1609			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Linden P Martineau	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Ventnor City, NJ 08406-2920			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Brooks Ballard	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable): Office Space
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Don G. Langston	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027-4912			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jackson Hicks	7 Amount of contribution (\$): \$866.00	8 In kind contribution (if applicable): Event Catering
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Kenneth Neil Jones	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77030-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Alan J. Hurwitz M.D.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-3801			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Joel Randall Sprott	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Daniel Pritchett	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Unit 1208, Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Daniela Koontz	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Don Keeline	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77002			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Charles B. Krenzler	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77219-1055			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Bart J. Truxillo	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77008-4342			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Charles E. Armstrong	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77006-6560			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Kelly Nichols	7 Amount of contribution (\$): \$125.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Pflugerville, TX 78660			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Fulbright & Jaworski L.L.P. Texas Committee	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77010-3095			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Peggy Smith	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Marvin A. Rich	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77096			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) F Taylor Moore	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/5/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Geoffrey C. Westergaard	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77005-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/5/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Ronald Kennedy	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Morristown, NJ 07960			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/5/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Gary R. Bristow	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/6/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) David Garrity	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Portland, ME 04102			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Elroy Westveer Forbes Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable): Advertising
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77096-5040			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Joan C. Schwartz	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Benjamin F. Orr	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jerry Milton Blum	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Cathryn Rodd Selman	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Kevin Roach	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Elroy Westveer Forbes Jr.	7 Amount of contribution (\$): \$350.00	8 In kind contribution (if applicable): Research
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77096-5040			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jewel E. Day D.D.S.	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Sugar Land, TX 77478			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Charles T. Deeds	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77074			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Teresa Jean Womack	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77019-5701			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) James D. Seegers	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Mark Alan Brandt	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Adrian Neil Havens	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77030			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Virginia L. Mithoff	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Edith Dee Cofrin	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Atlanta, GA 30306			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **82**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/8/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) J. Nixon Wheat	7 Amount of contribution (\$): \$582.50	8 In kind contribution (if applicable): Event Catering
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019		

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

4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Troy Broussard	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77219		

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

4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Terri L. Richardson	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006		

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

4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) John Morris Dunn	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-5761		

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

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Davar Nejad	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77003			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Richard Carpenter	7 Amount of contribution (\$): \$40.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Michael R Sheahan	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Tomball, TX 77377-7639			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) John Middleton	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Dalton Claude Dehart	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027-5343			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Bill Patterson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-6401			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Michael de Medici	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) David L Rubel	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77035-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Lee B. Murdy	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77030			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Marcello Caira	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77004			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Charles Edward Corley III	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) David Chambers	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jay L. Moore Jr	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Claude Rennie Glover	7 Amount of contribution (\$): \$125.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/11/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Edward A. Moninger	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-2428			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/16/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Michael Rosmarin	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable): Event Catering
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Patsy Cravens	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-6329			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Katherine A. Caldwell	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable): Event Catering
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77266-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Frank E. Hood Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Phillip Wattel	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Daryl L. Moore	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009-6604			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Big Art Company	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Joe Ray Milton	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Alice Melott	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Angela Rene Sides	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Richmond, TX 77469			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Nancy Wren Harris	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Patti Creede	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Brian H Teichman	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 770			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Charles E. Armstrong	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-6560			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Angela Jewel Beavers	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Janet Elizabeth Mathews	7 Amount of contribution (\$): \$40.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019-6114			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Barbara Paull	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77096			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Deborah Seitzer	7 Amount of contribution (\$): \$70.00	8 In kind contribution (if applicable): Event Catering
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Carolyn Crawford	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-5012			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Alan S Lewis	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Janet Elizabeth Mathews	7 Amount of contribution (\$): \$70.00	8 In kind contribution (if applicable): Event Catering
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019-6114			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Steven Ray Francis	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Humble, TX 77346			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Tina Fincher	7 Amount of contribution (\$): \$70.00	8 In kind contribution (if applicable): Event Catering
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Hally B. Walker Poindexter	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77042-1303			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Gordon H. Weisser	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019-5655			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Tina Fincher	7 Amount of contribution (\$): \$40.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Mary Flood Nugent	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Michelle Le Bleu	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Byron Burke	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Valerie R. Ploumpis	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Washington, DC 20016-1805			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jewel E. Day D.D.S.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Sugar Land, TX 77478			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Alexander S Kelso	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Cambridge, MA 02139-1112			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Elizabeth Anne James	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable): Event Refreshments
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018-4415			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) April Lee Ayers	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable): Event Catering
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Ralph Alpert TTEE	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Santa Cruz, CA 95061-8288			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) R. Garcia	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77071			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Cathryn Rodd Selman	7 Amount of contribution (\$): \$175.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
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**SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Sonna M Alton	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Nancy D McGregor	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Alicia Gates	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77057			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Suzanne R. Null	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77025-3232			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
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**SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) David Venn Leeds	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Ann J. Robison	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Eric R. Liston	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009-6512			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Peggy S. Foreman	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77004-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Raequel Roberts	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77096-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jeffrey Lee Dorrell	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Kenneth W. Malone	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77005-1120			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Christine Fitzgerald	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009-4529			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Peter Moya	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77074			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Linda Yandell	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Ralph D James	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Katherine A. Caldwell	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77266-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) G Mark Stubbs	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Karen L. Bean	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77084-3101			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Gertrude L. Barnstone	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-3729			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jerome J. Fenske	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-8235			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A
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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Linda Enger	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77084			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Timothy J. Martinez	7 Amount of contribution (\$): \$40.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Muffie Moroney	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Daniel L. Yaklin	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77014-2642			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Carlton Scott Smith	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/23/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Paul G De Vido	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Las Vegas, NV 89131-5006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) James O Stepp	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] New York, NY 10014-6834			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Tammi C Wallace	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] , Houston, TX 77025-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Deborah Denise Immel	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Richmond, TX 77469			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Mary Lou Harrison	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77092			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Sharon Faye Tevault	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Melissa Rodgers	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77082-3438			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jani Lopez	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77091-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Randall J. Hendrick	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) William Arnett Camfield	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Vergil R. Ratliff	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77254			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Gary R. Bristow	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Richard L. Flowers Jr	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-2008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) William Wachel Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 4/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Mark Fehrs Haukohl	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77253-3751			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Sheryl Parrish	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Mary Katherine Barton	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Charlene E Tanner	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/25/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Kim E. Whittington	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/26/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Randy Soderstrom	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Tucson, AZ 85718			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/26/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Claire Lucas	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Washington, DC 20008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/26/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Gary Teixeira	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77007-8347			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Robert McGuire	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Ossining, NY 10562			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jerry Kukor	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] East Windsor, NJ 08520			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Tim A Johnson	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Marietta, GA 30067			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Donna Groman	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Los Angeles, CA 90043			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Dean Pitchford	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Las Angeles, CA 90069			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Thomas A Copeland	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Youngstown, OH 44509			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Jacinto Hernandez	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Los Angeles, CA 90068			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Dan Carucci	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Washington, DC 20016			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) David P Nixon	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Fort Lauderdale, FL 33305			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
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**SCHEDULE A
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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Mike Acker	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] San Diego, CA 92101			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Edward Moss	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Holly A Holland	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Alexandria, VA 22314			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Elizabeth Anne James	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018-4415			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Shaun Case	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Nevada City, CA 95959			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Kurt P. Haas	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Atlanta, GA 30316			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) John S.W. Kellett	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-4325			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Mike Holloman	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77005-1615			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Richard A Gorr	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Stamford, CT 06902-2952			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Gary D. Caplan	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Baltimore, MD 21208-2350			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 5/29/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Brent Whitman	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] New York, NY 10011			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Brooks Ballard	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable): Office Space
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/2/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Darren Flatt	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Peter H. Brown FAIA	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77005-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) J. Marshall Maxwell	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77266-6773			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) George P. Mitchell	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] The Woodlands, TX			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Ann T. Robinson	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-1628			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Amber Batson	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Victor Byers Flatt	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) J Bryan Flippen	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Washington, DC 20016			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) April Lee Ayers	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Gary Teixeira	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-8347			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/5/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) William E. Colburn	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable): Event Refreshments
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/5/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) David W. Arpin	7 Amount of contribution (\$): \$38.39	8 In kind contribution (if applicable): Event Refreshments
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A
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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/8/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#): _____ Donna Feinhandler	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/9/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#): _____ Janine M. Brunjes RN, MA	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77004			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/9/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#): _____ Edward Moss	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#): _____ Janine M. Brunjes RN, MA	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable): Event Catering
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77004			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Rachel Lavine	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, New York, NY 10011			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Barbara Cigainero	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Austin, TX 78715-1297			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Lorraine Wulfe	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77056			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Gail S. Swinney	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77006-3104			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Carlos Anthony Reyes Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable): Event Catering
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008-4212			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Mary Anne Piacentini	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77030			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Kerri J. Dorman	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable): Event Refreshments
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Dinah A Weems	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77024			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Kenneth Neil Jones	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77030-			
9 Principal occupation \ Job title (See Instructions):		10 Employer (See Instructions):	
4 Date 6/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Wanda J. Hignight	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77006-			
9 Principal occupation \ Job title (See Instructions):		10 Employer (See Instructions):	
4 Date 6/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Pat Raybon	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions):		10 Employer (See Instructions):	
4 Date 6/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Sandra Clough	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77036			
9 Principal occupation \ Job title (See Instructions):		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **82**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/28/2005

5 Full Name of Contributor:

Gilbert A. Garcia out of state PAC (ID#: _____)7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77025-2516**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

6/28/2005

5 Full Name of Contributor:

James S. Dougherty out of state PAC (ID#: _____)7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77007**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

6/28/2005

5 Full Name of Contributor:

Marc S. Whitehead out of state PAC (ID#: _____)7 Amount of
contribution (\$):**\$250.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77002**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

6/28/2005

5 Full Name of Contributor:

Danielle Sampey out of state PAC (ID#: _____)7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77004**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **82**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date
6/28/20055 Full Name of Contributor: out of state PAC (ID#: _____)
Carmellia C Boyer7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77057**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
6/28/20055 Full Name of Contributor: out of state PAC (ID#: _____)
Jack G. Jackson7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77006-6036**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
6/28/20055 Full Name of Contributor: out of state PAC (ID#: _____)
Deborah Seitzer7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77019**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
6/28/20055 Full Name of Contributor: out of state PAC (ID#: _____)
Charles E. Armstrong7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77006-6560**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **82**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date
6/28/20055 Full Name of Contributor: out of state PAC (ID#: _____
Jane Elizabeth Arnett7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Bellaire, TX 77401**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
6/28/20055 Full Name of Contributor: out of state PAC (ID#: _____
Charlotte McClain7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77025**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
6/28/20055 Full Name of Contributor: out of state PAC (ID#: _____
K Marc Sigle7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77008**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
6/28/20055 Full Name of Contributor: out of state PAC (ID#: _____
Katherine L Webb7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Little Rock, AR 72205**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **82**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/26/2005

5 Full Name of Contributor:

Laura Ann Douglas out of state PAC (ID#: _____)7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77006-4235

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

6/29/2005

5 Full Name of Contributor:

Matt Austin out of state PAC (ID#: _____)7 Amount of
contribution (\$):**\$150.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

6/30/2005

5 Full Name of Contributor:

William S. Gilmer MD out of state PAC (ID#: _____)7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77004

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

6/30/2005

5 Full Name of Contributor:

Jim Hardell out of state PAC (ID#: _____)7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77266

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **82**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date
6/30/20055 Full Name of Contributor: out of state PAC (ID#: _____)
Joseph Bradley Nagar7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77006**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
6/30/20055 Full Name of Contributor: out of state PAC (ID#: _____)
Larry Veselka7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77002-**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
6/30/20055 Full Name of Contributor: out of state PAC (ID#: _____)
Joseph Bradley Nagar7 Amount of
contribution (\$):
\$65.008 In kind
contribution
(if applicable):
Event refreshments6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77006**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
6/30/20055 Full Name of Contributor: out of state PAC (ID#: _____)
Christopher Lee Thetford7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77008-1111**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **82**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/30/2005

5 Full Name of Contributor:

Juli Johnson out of state PAC (ID#: _____)7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77042

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

6/30/2005

5 Full Name of Contributor:

Keith C Hall out of state PAC (ID#: _____)7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

6/30/2005

5 Full Name of Contributor:

Kerry F Inman out of state PAC (ID#: _____)7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

6/30/2005

5 Full Name of Contributor:

Michael J. Gambello out of state PAC (ID#: _____)7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **82**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/30/2005

5 Full Name of Contributor:

Barry Scott Elliott out of state PAC (ID#: _____)7 Amount of
contribution (\$):
\$150.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77005-1042**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

6/30/2005

5 Full Name of Contributor:

Ronald E Mock out of state PAC (ID#: _____)7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77002****Event Refreshments**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

6/30/2005

5 Full Name of Contributor:

Ronald E Mock out of state PAC (ID#: _____)7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77002**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

6/30/2005

5 Full Name of Contributor:

V. Reid Sutton out of state PAC (ID#: _____)7 Amount of
contribution (\$):
\$65.008 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77006-2106****Event refreshments**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 82	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/30/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Michael Seto	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Washington, DC 20009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 6/30/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) Ronald Franklin Foster	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-1533			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

Schedule A Report Total:

\$55,615.88

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**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

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

GAY AND LESBIAN VICTORY FUND

ADDRESS (number 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

COMMITTEE'S FAX NUMBER

2. DATE M M / D D / Y Y Y Y
04 / 13 / 2004

3. FEC IDENTIFICATION NUMBER C 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 Brian A. Johnson

Signature of Treasurer Electronically Filed by Brian A. Johnson Date M M / D D / Y Y Y Y
04 / 13 / 2004

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

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	Office				State
Party Affiliation	Sought:	House	Senate	President	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 Brian A. Johnson

Mailing Address 3020 Fallswood Glen Court

Falls Church VA 22044

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 Brian A. Johnson

Mailing Address 3020 Fallswood Glen Court

Falls Church VA 22044

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number _____

Full Name of Designated Agent Fred A. Sherman

Mailing Address 1705 DeSales Street, NW, 5th Fl.

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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Bank of America

Mailing Address

730 15th Street, NW

Washington

DC

20005

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

____-____-____

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
32

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

Date 2/1/2005	Payee Name Network Solutions	Amount (\$)
	Payee address City; State; Zip Code	\$11.50
	10 Azalea Drive Drums PA 18222	

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

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

Date 2/1/2005	Payee Name Cingular Wireless	Amount (\$)
	Payee address City; State; Zip Code	\$32.47
	P.O. Box 650574 Dallas TX 75265-0574	

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

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

Date 2/1/2005	Payee Name Amanda Scott	Amount (\$)
	Payee address City; State; Zip Code	\$375.00
	9829 Bassoon Houston TX 77025	

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 2/4/2005	Payee Name PayPal	Amount (\$)
	Payee address City; State; Zip Code	\$3.20
	P.O. Box 45950 Omaha NE 98145-0950	

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

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

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 32

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

Date 2/10/2005	Payee Name Cingular Wireless				Amount (\$)
	Payee address P.O. Box 650574	City; Dallas	State; TX	Zip Code 75265-0574	\$69.83

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

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

Date 2/15/2005	Payee Name Office Depot				Amount (\$)
	Payee address 3443 Kirby Drive	City; Houston	State; TX	Zip Code 77098	\$10.16

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 2/15/2005	Payee Name Amanda Scott				Amount (\$)
	Payee address 9829 Bassoon	City; Houston	State; TX	Zip Code 77025	\$750.00

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 2/16/2005	Payee Name PayPal				Amount (\$)
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	(\$0.26)

Purpose of payment (See instructions regarding type of information required)
 Credit - account verification

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

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
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FILER NAME **Sue Lovell** ACCOUNT # (Ethics Commission filers)

Date 2/16/2005	Payee Name PayPal				Amount (\$) (\$0.09)
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	

Purpose of payment (See instructions regarding type of information required)
 Credit - account verification

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

Date 2/17/2005	Payee Name Office Depot				Amount (\$) \$25.66
	Payee address 5134 Richmond Ave	City; Houston	State; TX	Zip Code 77059	

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 2/22/2005	Payee Name Office Depot				Amount (\$) \$12.74
	Payee address 5134 Richmond Ave	City; Houston	State; TX	Zip Code 77059	

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 2/23/2005	Payee Name US Postal Service				Amount (\$) \$37.00
	Payee address Astrodome	City; Houston	State; TX	Zip Code 77025-9998	

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

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date
2/24/2005

Payee Name

Bank of America

Amount
(\$)

Payee address

City;

State;

Zip Code

1905 West Gray St

Houston

TX

77019

\$18.00

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

Fee

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

Candidate / Officeholder name

Office sought

Office held

Date
2/24/2005

Payee Name

Bank of America

Amount
(\$)

Payee address

City;

State;

Zip Code

1905 West Gray St

Houston

TX

77019

\$3.00

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

Fee

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

Candidate / Officeholder name

Office sought

Office held

Date
2/25/2005

Payee Name

Walgreens

Amount
(\$)

Payee address

City;

State;

Zip Code

3900 Westheimer

Houston

TX

77027

\$2.85

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
2/28/2005

Payee Name

Staples

Amount
(\$)

Payee address

City;

State;

Zip Code

70 Community Avenue

Plainfield

CT

06374

\$23.84

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

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

Date 3/2/2005	Payee Name PayPal				Amount (\$) \$3.20
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	

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

Date 3/3/2005	Payee Name PayPal				Amount (\$) \$1.03
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	

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

Date 3/7/2005	Payee Name Grant Martin Consulting				Amount (\$) \$12.16
	Payee address 1708 Broderick Street	City; San Francisco	State; CA	Zip Code 94115	

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

Date 3/7/2005	Payee Name Office Max				Amount (\$) \$18.18
	Payee address Store #441, Suite A	City; Houston	State; TX	Zip Code 77043	

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

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

Date 3/8/2005	Payee Name PayPal				Amount (\$) \$7.55
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	

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

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

Date 3/9/2005	Payee Name Office Max				Amount (\$) \$5.78
	Payee address 270 Meyerland Plaza	City; Houston	State; TX	Zip Code 77096	

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 3/10/2005	Payee Name Office Max				Amount (\$) \$119.05
	Payee address Store #441, Suite A	City; Houston	State; TX	Zip Code 77043	

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 3/10/2005	Payee Name US Postal Service				Amount (\$) \$4.60
	Payee address Julius Melcher Location	City; Houston	State; TX	Zip Code 77027	

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

Date 3/13/2005	Payee Name Office Depot				Amount (\$) \$5.39
	Payee address 5134 Richmond Avenue	City; Houston	State; TX	Zip Code 77059	

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		
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Date 3/15/2005	Payee Name Amanda Scott				Amount (\$) \$750.00
	Payee address 9829 Bassoon	City; Houston	State; TX	Zip Code 77025	

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		
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Date 3/16/2005	Payee Name SBC				Amount (\$) \$316.28
	Payee address 555 Main Street, Room 228-CR	City; Beaumont	State; TX	Zip Code 77701	

Purpose of payment (See instructions regarding type of information required) Telephone	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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Date 3/16/2005	Payee Name Grant Martin Consulting				Amount (\$) \$1,000.00
	Payee address 1708 Broderick	City; San Francisco	State; CA	Zip Code 94115	

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

Date 3/25/2005	Payee Name US Postal Service				Amount (\$) \$37.00
	Payee address Julius Melcher Location	City; Houston	State; TX	Zip Code 77027	

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 3/25/2005	Payee Name Grant Martin Consulting				Amount (\$) \$12.16
	Payee address 1708 Broderick Street	City; San Francisco	State; CA	Zip Code 94115	

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

Date 3/29/2005	Payee Name Office Depot				Amount (\$) \$19.32
	Payee address 5134 Richmond Avenue	City; Houston	State; TX	Zip Code 77059	

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

Date 3/29/2005	Payee Name Office Depot				Amount (\$) \$41.00
	Payee address 5134 Richmond Avenue	City; Houston	State; TX	Zip Code 77059	

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

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

Date 4/1/2005	Payee Name Xpedx				Amount (\$) \$30.00
	Payee address	City;	State;	Zip Code	
	Store # 012	Houston	TX	77081	

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

Date 4/1/2005	Payee Name Amanda Scott				Amount (\$) \$25.00
	Payee address	City;	State;	Zip Code	
	9829 Bassoon	Houston	TX	77025	

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

Date 4/1/2005	Payee Name Network Solutions				Amount (\$) \$11.50
	Payee address	City;	State;	Zip Code	
	10 Azalea Drive	Drums	PA	18222	

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

Date 4/1/2005	Payee Name Amanda Scott				Amount (\$) \$750.00
	Payee address	City;	State;	Zip Code	
	9829 Bassoon	Houston	TX	77025	

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

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

Date 4/3/2005	Payee Name Cingular Wireless				Amount (\$) \$41.59
	Payee address P.O. Box 650574	City; Dallas	State; TX	Zip Code 75265-0574	

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

Date 4/5/2005	Payee Name US Postal Service				Amount (\$) \$185.00
	Payee address Julius Melcher Location	City; Houston	State; TX	Zip Code 77027	

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 4/5/2005	Payee Name Office Depot				Amount (\$) \$15.15
	Payee address 2675 Geary Blvd #100	City; San Francisco	State; CA	Zip Code 94118	

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 4/6/2005	Payee Name FedEx Kinko's				Amount (\$) \$6.31
	Payee address 1800 Van Ness	City; San Francisco	State; CA	Zip Code 94109	

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

POLITICAL EXPENDITURES

SCHEDULE F

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

Date 4/6/2005	Payee Name FedEx Kinko's	Amount (\$)
	Payee address: _____ 1800 Van Ness City; San Francisco State; CA Zip Code 94109	\$20.70

Purpose of payment (See instructions regarding type of information required) Shipping	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/7/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address: _____ 1708 Broderick City; San Francisco State; CA Zip Code 94115	\$1,000.00

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
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Date 4/7/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address: _____ 1708 Broderick City; San Francisco State; CA Zip Code 94115	\$60.00

Purpose of payment (See instructions regarding type of information required) Email Service	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/8/2005	Payee Name US Postal Service	Amount (\$)
	Payee address: _____ Julius Melcher Location City; Houston State; TX Zip Code 77027	\$185.00

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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POLITICAL EXPENDITURES

SCHEDULE F

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FILER NAME Sue Lovell				ACCOUNT # (Ethics Commission filers)	
Date 4/8/2005	Payee Name PayPal			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$1.75
	P.O. Box 45950	Omaha	NE	98145-0950	
Purpose of payment (See instructions regarding type of information required) Processing Fee			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 4/8/2005	Payee Name Office Depot			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$13.46
	5134 Richmond Ave	Houston	TX	77059	
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 4/11/2005	Payee Name Xpedx			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$100.28
	Store # 012	Houston	TX	77081	
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 4/12/2005	Payee Name Office Depot			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$18.18
	5134 Richmond Ave	Houston	TX	77059	
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		

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POLITICAL EXPENDITURES

SCHEDULE F

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

Date 4/14/2005	Payee Name SBC	Amount (\$)
	Payee address City; State; Zip Code 555 Main Street, Room 228-CR Beaumont TX 77701	\$155.02

Purpose of payment (See instructions regarding type of information required) Telephone	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/14/2005	Payee Name Office Depot	Amount (\$)
	Payee address City; State; Zip Code 5134 Richmond Ave Houston TX 77059	\$2.17

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
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Date 4/15/2005	Payee Name Office Depot	Amount (\$)
	Payee address City; State; Zip Code 5134 Richmond Ave Houston TX 77059	\$2.17

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
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Date 4/15/2005	Payee Name Amanda Scott	Amount (\$)
	Payee address City; State; Zip Code 9829 Bassoon Houston TX 77025	\$750.00

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
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POLITICAL EXPENDITURES

SCHEDULE F

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

Date 4/15/2005	Payee Name Office Depot	Amount (\$)
	Payee address: _____ 5134 Richmond Ave Houston TX 77059	\$17.85

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
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Date 4/18/2005	Payee Name PayPal	Amount (\$)
	Payee address: _____ P.O. Box 45950 Omaha NE 98145-0950	\$3.20

Purpose of payment (See instructions regarding type of information required) Processing Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/19/2005	Payee Name Xpedx	Amount (\$)
	Payee address: _____ Store # 012 Houston TX 77081	\$27.26

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
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Date 4/19/2005	Payee Name PayPal	Amount (\$)
	Payee address: _____ P.O. Box 45950 Omaha NE 98145-0950	\$7.55

Purpose of payment (See instructions regarding type of information required) Processing Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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FILER NAME **Sue Lovell** ACCOUNT # (Ethics Commission filers)

Date 4/19/2005	Payee Name Lowe's				Amount (\$) \$3.21
	Payee address	City;	State;	Zip Code	
	West Loop 610 South	Houston	TX	77096	

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

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

Date 4/19/2005	Payee Name Office Max				Amount (\$) \$43.29
	Payee address	City;	State;	Zip Code	
	270 Meyerland Plaza	Houston	TX	77096	

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 4/19/2005	Payee Name Office Max				Amount (\$) \$37.44
	Payee address	City;	State;	Zip Code	
	270 Meyerland Plaza	Houston	TX	77096	

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 4/20/2005	Payee Name US Postal Service				Amount (\$) \$303.40
	Payee address	City;	State;	Zip Code	
	Julius Melcher Location	Houston	TX	77027	

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

Date 4/20/2005	Payee Name Xpedx				Amount (\$) \$61.90
	Payee address Store # 012	City; Houston	State; TX	Zip Code 77081	

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 4/22/2005	Payee Name PayPal				Amount (\$) \$3.20
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	

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

Date 4/24/2005	Payee Name PayPal				Amount (\$) \$3.20
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	

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

Date 4/25/2005	Payee Name American Express				Amount (\$) \$3.10
	Payee address PO Box 360001	City; Fort Lauderdale	State; FL	Zip Code 33336-0001	

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

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

Date 4/27/2005	Payee Name Office Depot				Amount (\$) \$10.59
	Payee address 2675 Geary Blvd #100	City; San Francisco	State; CA	Zip Code 94118	

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 4/28/2005	Payee Name American Express				Amount (\$) \$3.10
	Payee address PO Box 360001	City; Fort Lauderdale	State; FL	Zip Code 33336-0001	

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

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

Date 4/30/2005	Payee Name American Express				Amount (\$) \$7.75
	Payee address PO Box 360001	City; Fort Lauderdale	State; FL	Zip Code 33336-0001	

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

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

Date 5/1/2005	Payee Name American Express				Amount (\$) \$1.55
	Payee address PO Box 360001	City; Fort Lauderdale	State; FL	Zip Code 33336-0001	

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

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

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

Date 5/1/2005	Payee Name FedEx Kinko's				Amount (\$) \$41.64
	Payee address 1800 Van Ness	City; San Francisco	State; CA	Zip Code 94109	

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

Date 5/1/2005	Payee Name Amanda Scott				Amount (\$) \$750.00
	Payee address 9829 Bassoon	City; Houston	State; TX	Zip Code 77025	

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 5/2/2005	Payee Name Sue Lovell				Amount (\$) \$369.75
	Payee address 1802 W Main	City; Houston	State; TX	Zip Code 77098	

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

Date 5/2/2005	Payee Name PayPal				Amount (\$) \$3.20
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	

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

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

Date 5/2/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115	\$1,000.00

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
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Date 5/2/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115	\$60.00

Purpose of payment (See instructions regarding type of information required) Email Service	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/3/2005	Payee Name PayPal	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 45950 Omaha NE 98145-0950	\$3.20

Purpose of payment (See instructions regarding type of information required) Processing Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/5/2005	Payee Name Office Depot	Amount (\$)
	Payee address City; State; Zip Code 5134 Richmond Ave Houston TX 77059	\$26.78

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
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POLITICAL EXPENDITURES

SCHEDULE F

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FILER NAME Sue Lovell				ACCOUNT # (Ethics Commission filers)	
Date 5/6/2005	Payee Name Office Depot			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$16.00
	5134 Richmond Ave	Houston	TX	77059	
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 5/6/2005	Payee Name Office Depot			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$17.19
	5134 Richmond Ave	Houston	TX	77059	
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 5/6/2005	Payee Name American Express			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$3.10
	PO Box 360001	Fort Lauderdale	FL	33336-0001	
Purpose of payment (See instructions regarding type of information required) Processing Fee			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 5/9/2005	Payee Name US Postal Service			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$37.00
	Julius Melcher Location	Houston	TX	77027	
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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FILER NAME **Sue Lovell** ACCOUNT # (Ethics Commission filers)

Date 5/11/2005	Payee Name PayPal				Amount (\$) \$1.03
	Payee address	City;	State;	Zip Code	
	P.O. Box 45950	Omaha	NE	98145-0950	

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

Date 5/11/2005	Payee Name US Postal Service				Amount (\$) \$37.00
	Payee address	City;	State;	Zip Code	
	Julius Melcher Location	Houston	TX	77027	

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 5/12/2005	Payee Name Continental Airlines				Amount (\$) \$369.90
	Payee address	City;	State;	Zip Code	
	P.O. Box 4607	Houston	TX	77210	

Purpose of payment (See instructions regarding type of information required) Airline transportation for DC event	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

Date 5/12/2005	Payee Name American Express				Amount (\$) \$7.75
	Payee address	City;	State;	Zip Code	
	PO Box 360001	Fort Lauderdale	FL	33336-0001	

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

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

Date 5/13/2005	Payee Name SBC	Amount (\$)
	Payee address City; State; Zip Code 555 Main Street, Room 228-CR Beaumont TX 77701	\$127.74

Purpose of payment (See instructions regarding type of information required) Telephone	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/15/2005	Payee Name Amanda Scott	Amount (\$)
	Payee address City; State; Zip Code 3000 Murworth #1603 Houston TX 77025	\$750.00

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
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Date 5/15/2005	Payee Name Network Solutions	Amount (\$)
	Payee address City; State; Zip Code 10 Azalea Drive Drums PA 18222	\$19.00

Purpose of payment (See instructions regarding type of information required) Web Hosting Service	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/15/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115	\$58.00

Purpose of payment (See instructions regarding type of information required) Campaign Research Service	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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FILER NAME **Sue Lovell** ACCOUNT # (Ethics Commission filers)

Date 5/17/2005	Payee Name Office Depot				Amount (\$) \$27.04
	Payee address 5134 Richmond Ave	City; Houston	State; TX	Zip Code 77059	

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 5/17/2005	Payee Name American Express				Amount (\$) \$6.20
	Payee address PO Box 360001	City; Fort Lauderdale	State; FL	Zip Code 33336-0001	

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

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

Date 5/18/2005	Payee Name PayPal				Amount (\$) \$7.55
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	

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

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

Date 5/18/2005	Payee Name PayPal				Amount (\$) \$6.10
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	

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

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

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

Date 5/18/2005	Payee Name PayPal				Amount (\$) \$1.75
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	

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

Date 5/19/2005	Payee Name American Express				Amount (\$) \$7.75
	Payee address PO Box 360001	City; Fort Lauderdale	State; FL	Zip Code 33336-0001	

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

Date 5/23/2005	Payee Name American Express				Amount (\$) \$0.78
	Payee address PO Box 360001	City; Fort Lauderdale	State; FL	Zip Code 33336-0001	

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

Date 5/23/2005	Payee Name American Express				Amount (\$) \$3.10
	Payee address PO Box 360001	City; Fort Lauderdale	State; FL	Zip Code 33336-0001	

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

POLITICAL EXPENDITURES

SCHEDULE F

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FILER NAME
Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 5/24/2005	Payee Name American Express				Amount (\$) \$3.10
	Payee address PO Box 360001	City; Fort Lauderdale	State; FL	Zip Code 33336-0001	

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

Date 5/24/2005	Payee Name Cactus Catina				Amount (\$) \$102.85
	Payee address 3300 Wisconsin Ave NW	City; Washington	State; DC	Zip Code 20016	

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

Date 5/26/2005	Payee Name PayPal				Amount (\$) \$14.80
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	

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

Date 5/29/2005	Payee Name American Express				Amount (\$) \$0.62
	Payee address PO Box 360001	City; Fort Lauderdale	State; FL	Zip Code 33336-0001	

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

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

Date 5/31/2005	Payee Name American Express				Amount (\$) \$15.50
	Payee address PO Box 360001	City; Fort Lauderdale	State; FL	Zip Code 33336-0001	

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

Date 5/31/2005	Payee Name American Express				Amount (\$) \$15.50
	Payee address PO Box 360001	City; Fort Lauderdale	State; FL	Zip Code 33336-0001	

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

Date 5/31/2005	Payee Name Bank of America				Amount (\$) \$0.80
	Payee address 1905 West Gray St	City; Houston	State; TX	Zip Code 77019	

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

Date 6/1/2005	Payee Name Network Solutions				Amount (\$) \$43.99
	Payee address 10 Azalea Drive	City; Drums	State; PA	Zip Code 18222	

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

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

Date 6/1/2005	Payee Name Network Solutions	Amount (\$)
	Payee address City; State; Zip Code 10 Azalea Drive Drums PA 18222	\$19.00

Purpose of payment (See instructions regarding type of information required) Web Hosting Service	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/1/2005	Payee Name Amanda Scott	Amount (\$)
	Payee address City; State; Zip Code 3000 Murworth #1603 Houston TX 77025	\$750.00

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
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Date 6/2/2005	Payee Name PayPal	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 45950 Omaha NE 98145-0950	\$4.65

Purpose of payment (See instructions regarding type of information required) Processing Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/5/2005	Payee Name American Express	Amount (\$)
	Payee address City; State; Zip Code PO Box 360001 Fort Lauderdale FL 33336-0001	\$1.55

Purpose of payment (See instructions regarding type of information required) Processing Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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FILER NAME **Sue Lovell** ACCOUNT # (Ethics Commission filers)

Date 6/6/2005	Payee Name Grant Martin Consulting				Amount (\$) \$80.00
	Payee address 1708 Broderick Street	City; San Francisco	State; CA	Zip Code 94115	

Purpose of payment (See instructions regarding type of information required) Email Service	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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Date 6/6/2005	Payee Name Grant Martin Consulting				Amount (\$) \$1,000.00
	Payee address 1708 Broderick Street	City; San Francisco	State; CA	Zip Code 94115	

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		
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Date 6/6/2005	Payee Name Merchant Bank Card				Amount (\$) \$0.35
	Payee address 40960 California Oaks Road, Suite 209	City; Murrieta	State; CA	Zip Code 92562	

Purpose of payment (See instructions regarding type of information required) Banking Charge	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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Date 6/6/2005	Payee Name Merchant Bank Card				Amount (\$) \$5.00
	Payee address 40960 California Oaks Road, Suite 209	City; Murrieta	State; CA	Zip Code 92562	

Purpose of payment (See instructions regarding type of information required) Banking Charge	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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POLITICAL EXPENDITURES

SCHEDULE F

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FILER NAME Sue Lovell				ACCOUNT # (Ethics Commission filers)	
Date 6/6/2005	Payee Name Merchant Bank Card			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$14.98
	40960 California Oaks Road, Suite 209	Murrieta	CA	92562	
Purpose of payment (See instructions regarding type of information required) Banking Charge			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 6/6/2005	Payee Name Merchant Bank Card			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$51.50
	40960 California Oaks Road, Suite 209	Murrieta	CA	92562	
Purpose of payment (See instructions regarding type of information required) Banking Charge			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 6/6/2005	Payee Name Merchant Bank Card			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$5.00
	40960 California Oaks Road, Suite 209	Murrieta	CA	92562	
Purpose of payment (See instructions regarding type of information required) Banking Charge			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 6/13/2005	Payee Name SBC			Amount (\$)	
	Payee address	City;	State;	Zip Code	\$125.88
	555 Main Street, Room 228-CR	Beaumont	TX	77701	
Purpose of payment (See instructions regarding type of information required) Telephone			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F 32	
FILER NAME Sue Lovell				ACCOUNT # (Ethics Commission filers)	
Date 6/15/2005	Payee Name Amanda Scott				Amount (\$) \$750.00
	Payee address 3000 Murworth #1603	City; Houston	State; TX	Zip Code 77025	
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 6/29/2005	Payee Name PayPal				Amount (\$) \$4.65
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145-0950	
Purpose of payment (See instructions regarding type of information required) Processing Fee		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			

Schedule F Report Total: \$15,415.91

