

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: 42

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Sue
NICKNAME LAST SUFFIX
Lovell

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Dawn
NICKNAME LAST SUFFIX
Dancy

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1033 Bayland Ave, Unit 2 Houston, TX 77009

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 863-9690

8 REPORT TYPE

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

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
09 / 30 / 05 THROUGH 10 / 29 / 05

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 08 / 05

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Houston City Council, Position 2

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name

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

additional pages

GO TO PAGE 2:

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

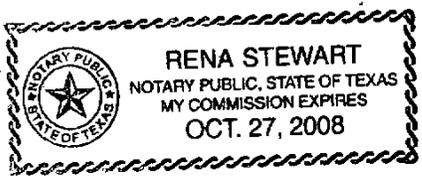
14 C/OH NAME Sue Lovell	15 ACCOUNT # (Ethics Commission filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. 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	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

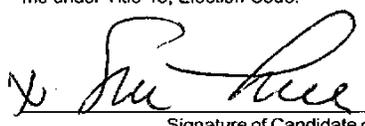
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,819.36
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 50,249.44
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18,194.00

19 AFFIDAVIT

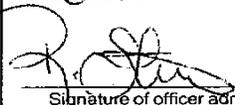


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sue Lovell, this the 31 day of October, 2005, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Rena Stewart

 Printed name of officer administering oath

Notary

 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: **12**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/1/2005

5 Full Name of Contributor:

Brooks Ballard out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (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

10/4/2005

5 Full Name of Contributor:

Brandon Hernandez out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **San Francisco, CA 94107**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/5/2005

5 Full Name of Contributor:

Brian D. Clark out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Latona Heights, PA 15065**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/5/2005

5 Full Name of Contributor:

Roberta Achtenberg out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (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

10/6/2005

5 Full Name of Contributor:

Robert Weinberger out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (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):

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: **12**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/7/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Sterling Structures L.P.	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77024			

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 10/8/2005	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 description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] on, TX 77006-3801			

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 10/9/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Rudolf H. Dietter	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] , TX 77098-4407			

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 10/10/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Edward B. Vinson	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] ite 400, Arlington, VA 22209			

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 10/10/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Leonard Victor Parent	7 Amount of contribution (\$): \$20.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX 77042			

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: **12**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/10/20055 Full Name of Contributor:
Daniel L. Yaklin out of state PAC (ID# _____)7 Amount of
contribution (\$):
\$20.008 In kind contribution
description (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):

4 Date
10/11/20055 Full Name of Contributor:
Judith Lyn Wallace out of state PAC (ID# _____)7 Amount of
contribution (\$):
\$100.008 In kind contribution
description (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
10/11/20055 Full Name of Contributor:
Gay & Lesbian Victory Fund PAC out of state PAC (ID# **C00251835**)7 Amount of
contribution (\$):
\$8,250.008 In kind contribution
description (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
10/11/20055 Full Name of Contributor:
Martin A. Reiner out of state PAC (ID# _____)7 Amount of
contribution (\$):
\$50.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **TX 77005**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/12/20055 Full Name of Contributor:
Al Green out of state PAC (ID# _____)7 Amount of
contribution (\$):
\$1,000.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **0, Houston, TX 77027**

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: 12	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/12/2005	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 description (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 10/13/2005	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 description (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 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Jerome J. Fenske	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (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):	
4 Date 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Katherine A. Caldwell	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (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 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Zinetta A. Burney	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (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: 12	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Jeffrey Todd Foster	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] A 94901			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ James R Duke Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098-4235			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Dawn Dancy	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (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 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Alice A. Bohlae	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] X 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Michael Howard Laster	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (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: 12	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/13/2005	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 description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] ouston, TX 77046-1505			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Daniel Pritchett	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] ouston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Mary Kay Green	7 Amount of contribution (\$): \$20.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] ouston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Raquel Cedillo	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] ouston, TX 77098-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Catherine A. Swilley	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] ouston, 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: **12**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/13/2005	5 Full Name of Contributor: Gloria Elisa Moreno	<input type="checkbox"/> out of state PAC (ID#)	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77023				
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):	

4 Date 10/13/2005	5 Full Name of Contributor: Richard L. Flowers Jr	<input type="checkbox"/> out of state PAC (ID#)	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (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 10/13/2005	5 Full Name of Contributor: Shelley L. Kennedy	<input type="checkbox"/> out of state PAC (ID#)	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] ton, TX 77018				
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):	

4 Date 10/13/2005	5 Full Name of Contributor: David A. Hamilton P.E.	<input type="checkbox"/> out of state PAC (ID#)	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] umble, TX 77396				
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):	

4 Date 10/13/2005	5 Full Name of Contributor: Vergil R. Ratliff	<input type="checkbox"/> out of state PAC (ID#)	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 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: **12**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/13/2005	5 Full Name of Contributor: Herbert Johnson	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] ouston, TX 77072-				

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

4 Date 10/13/2005	5 Full Name of Contributor: Don Clark	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] n, TX 77056-				

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

4 Date 10/13/2005	5 Full Name of Contributor: H. Prasad Kolluru PE	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] ouston, TX 77074				

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

4 Date 10/13/2005	5 Full Name of Contributor: Walter W. Hinojosa	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX 78745-6985				

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

4 Date 10/13/2005	5 Full Name of Contributor: Margaret W. Hall	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] ouston, 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: 12	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Mary Katherine Barton	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Houston Police Patrolmen's Union PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (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 10/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Peter Hoyt Brown FAIA	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (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 10/14/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Maryann S. Young	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 22314			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/14/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Stuart Kane	7 Amount of contribution (\$): \$10.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77092-1509			
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: 12	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Brian T. Stephens	7 Amount of contribution (\$): \$150.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77219-0722			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) William S. Gilmer MD	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (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 10/16/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Beatrice Nold M.D.	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Alnut Creek, CA 94595-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/16/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Linda J. McGuffie	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Albuquerque, NM 87110			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Mary Flood Nugent	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.
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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: 12	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Joe Weldon Lindley	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (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):	
4 Date 10/19/2005	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC (ID# C00193433) EMILY's List Federal Fund	7 Amount of contribution (\$): \$674.36	8 In kind contribution description (if applicable): Staff Costs
6 Contributor Address: City, State, Zip Code [REDACTED] Washington,			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ James Gregory Glass	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098-4408			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/21/2005	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC (ID# C00004036) SEIU COPE Fund	7 Amount of contribution (\$): \$10,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Washington, DC 20005			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/24/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Todd Batson	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] on, TX 77009			
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: 12	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/26/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Jimmy R. Wynn	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] on, TX 77251-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

Schedule A1 Report Total: \$28,819.36

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F Page 1	
FILER NAME Sue Lovell				ACCOUNT # (Ethics Commission filers)	
Date 9/30/2005	Payee Name Harris County Lock Service Inc.			Amount (\$)	
	Payee address	City;	State;	Zip Code	
	25118 Holyoke Lane	Spring	TX	77373	\$138.81
Purpose of payment (See instructions regarding type of information required) Office Expense			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 9/30/2005	Payee Name Bank of America			Amount (\$)	
	Payee address	City;	State;	Zip Code	
	1905 West Gray	Houston	TX	77019	\$3.00
Purpose of payment (See instructions regarding type of information required) Bank Charge			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 10/1/2005	Payee Name U. S. Postal Service			Amount (\$)	
	Payee address	City;	State;	Zip Code	
	Julius Melcher Branch	Houston	TX	77027	\$74.00
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		
Date 10/1/2005	Payee Name MicroCenter			Amount (\$)	
	Payee address	City;	State;	Zip Code	
	1717 West Loop South	Houston	TX	77027	\$151.54
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		

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F Page 2	
FILER NAME Sue Lovell				ACCOUNT # (Ethics Commission filers)	
Date 10/1/2005	Payee Name Grant Martin Consulting			Amount (\$) \$188.16	
	Payee address 1708 Broderick Street	City; San Francisco	State; CA	Zip Code 94115	
Purpose of payment (See instructions regarding type of information (required)) Fax Service			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 10/1/2005	Payee Name Network Solutions			Amount (\$) \$19.95	
	Payee address 10 Azalea Drive	City; Drums	State; PA	Zip Code 18222	
Purpose of payment (See instructions regarding type of information (required)) Website Hosting			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 10/1/2005	Payee Name Cingular Wireless			Amount (\$) \$31.99	
	Payee address P.O. Box 650574	City; Dallas	State; TX	Zip Code 75265	
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 10/1/2005	Payee Name Xpedx			Amount (\$) \$65.58	
	Payee address 2201 Taylor	City; Houston	State; TX	Zip Code 77007	
Purpose of payment (See instructions regarding type of information (required)) Paper Supplies			** 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.		Total pages Schedule F Page 3	
FILER NAME Sue Lovell		ACCOUNT # (Ethics Commission filers)	
Date 10/1/2005	Payee Name U. S. Postal Service	Amount (\$) \$111.00	
Payee address Julius Melcher Branch		City; Houston	State; Zip Code 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 10/1/2005	Payee Name Office Depot	Amount (\$) \$53.58	
Payee address 6225 West by Northwest Blvd.		City; Houston	State; Zip Code TX 77040
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 10/1/2005	Payee Name Grant Martin Consulting	Amount (\$) \$173.82	
Payee address 1708 Broderick Street		City; San Francisco	State; Zip Code CA 94115
Purpose of payment (See instructions regarding type of information (required)) Fax Service		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/1/2005	Payee Name SBC	Amount (\$) \$126.32	
Payee address 555 Main Street, Room 228-CR		City; Beaumont	State; Zip Code 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	

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 4

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 10/1/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address 1708 Broderick Street	City; State; Zip Code San Francisco CA 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
Date 10/1/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address 1708 Broderick Street	City; State; Zip Code San Francisco CA 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
Date 10/1/2005	Payee Name Monarch Printing	Amount (\$)
	Payee address 6605 McGrew	City; State; Zip Code Houston TX 77087
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 10/5/2005	Payee Name Merchant Bank Card	Amount (\$)
	Payee address 40960 California Oaks Road, Suite 209	City; State; Zip Code Murrieta CA 92562
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** 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.

Total pages Schedule F

Page 5

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 10/5/2005	Payee Name InfoVine ----- Payee address P. O. Box 2706	City: Houston	State: TX	Zip Code 77252	Amount (\$) \$1,079.23
Purpose of payment (See instructions regarding type of information required) Postage & Mailhouse		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 10/6/2005	Payee Name Amanda Scott ----- Payee address 3000 Murworth #1603	City: Houston	State: TX	Zip Code 77025	Amount (\$) \$550.00
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 10/11/2005	Payee Name PayPal ----- Payee address P.O. Box 45950	City: Omaha	State: NE	Zip Code 98145	Amount (\$) \$18.00
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 10/13/2005	Payee Name Chatters Café ----- Payee address 140 S. Heights Blvd.	City: Houston	State: TX	Zip Code 77007	Amount (\$) \$389.75
Purpose of payment (See instructions regarding type of information required) Event Expenses		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 6

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 10/13/2005	Payee Name Discover	Amount (\$)
Payee address P.O. Box 30943		\$5.65
City; Salt Lake City	State; UT	
Zip Code 84130		
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/13/2005	Payee Name Parrent Printing	Amount (\$)
Payee address 4901 Milwee		\$259.80
City; Houston	State; TX	
Zip Code 77092		
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 10/15/2005	Payee Name SBC	Amount (\$)
Payee address 555 Main Street, Room 228-CR		\$127.92
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
Date 10/15/2005	Payee Name Grant Martin Consulting	Amount (\$)
Payee address 1708 Broderick Street		\$1,000.00
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

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.		Total pages Schedule F Page 7	
FILER NAME Sue Lovell		ACCOUNT # (Ethics Commission filers)	
Date 10/15/2005	Payee Name Grant Martin Consulting	Amount (\$)	
	Payee address 1708 Broderick Street	City; San Francisco	State; Zip Code CA 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	
Date 10/15/2005	Payee Name Cingular Wireless	Amount (\$)	
	Payee address P.O. Box 650574	City; Dallas	State; Zip Code TX 75265
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 10/17/2005	Payee Name American Express	Amount (\$)	
	Payee address PO Box 360001	City; Ft. Lauderdale	State; Zip Code FL 33336
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/17/2005	Payee Name PayPal	Amount (\$)	
	Payee address P.O. Box 45950	City; Omaha	State; Zip Code NE 98145
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** 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.		Total pages Schedule F Page 8	
FILER NAME Sue Lovell		ACCOUNT # (Ethics Commission filers)	
Date 10/20/2005	Payee Name American Express	Amount (\$)	
	Payee address PO Box 360001	City; Ft. Lauderdale	State; Zip Code FL 33336
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/21/2005	Payee Name Dinah Weems	Amount (\$)	
	Payee address 10930 Memorial Drive	City; Houston	State; Zip Code TX 77024
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 10/24/2005	Payee Name Bank of America	Amount (\$)	
	Payee address 1905 West Gray	City; Houston	State; Zip Code TX 77019
Purpose of payment (See instructions regarding type of information required) Bank Charge		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/24/2005	Payee Name Sprint Digital Print, Inc.	Amount (\$)	
	Payee address 10100 Clay Road, Suite C	City; Houston	State; Zip Code TX 77080
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**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 9

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 10/24/2005	Payee Name Whitney Kemp	Payee address 3502 Burlington, Apt. 9			City; Houston	State; TX	Zip Code 77006	Amount (\$) \$500.00
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 10/24/2005	Payee Name Whitney Kemp	Payee address 3502 Burlington, Apt. 9			City; Houston	State; TX	Zip Code 77006	Amount (\$) \$81.19
Purpose of payment (See instructions regarding type of information required) Reimb - Office Keys					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 10/24/2005	Payee Name American Express	Payee address PO Box 360001			City; Ft. Lauderdale	State; FL	Zip Code 33336	Amount (\$) \$3.10
Purpose of payment (See instructions regarding type of information required) Credit Card Processing					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 10/26/2005	Payee Name American Express	Payee address PO Box 360001			City; Ft. Lauderdale	State; FL	Zip Code 33336	Amount (\$) \$4.50
Purpose of payment (See instructions regarding type of information required) Credit Card Processing					** 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.				Total pages Schedule F Page 10	
FILER NAME Sue Lovell				ACCOUNT # (Ethics Commission filers)	
Date 10/27/2005	Payee Name KWWJ	Payee address 1520 South Loop West			Amount (\$) \$2,520.00
		City; Houston	State; TX	Zip Code 77054	
Purpose of payment (See instructions regarding type of information (required)) Advertising			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 10/27/2005	Payee Name KCOH	Payee address 5011 Almeda Road			Amount (\$) \$8,740.00
		City; Houston	State; TX	Zip Code 77004	
Purpose of payment (See instructions regarding type of information (required)) Advertising			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 10/27/2005	Payee Name KBXX	Payee address 24 E Greenway Plz # 900			Amount (\$) \$400.00
		City; Houston	State; TX	Zip Code 77046	
Purpose of payment (See instructions regarding type of information (required)) Advertising			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 10/27/2005	Payee Name KMJQ	Payee address 24 E Greenway Plz # 1508			Amount (\$) \$10,350.00
		City; Houston	State; TX	Zip Code 77046	
Purpose of payment (See instructions regarding type of information (required)) Advertising			** 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.

Total pages Schedule F

Page 11

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 10/27/2005	Payee Name Chris Watson				Amount (\$) \$12,500.00
	Payee address 3303 Louisiana, Suite 145	City; Houston	State; TX	Zip Code 77006	
Purpose of payment (See instructions regarding type of information required) Field Expenses		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			

Schedule F Report Total: \$50,249.44



FEC FORM 1 STATEMENT OF ORGANIZATION

FILING FEC-168915

1. EMILY's List

1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036

2. Date: 03/29/2005

3. FEC Committee ID #: C00193433

This committee supports/opposes more than one Federal candidat

Affiliated Committees/Organizations

Custodian of Records:

Caroline Fines
1120 Connecticut Ave NW
Suite 1100
Washington, DC 20036
Title: Dr of Finance & Comp
Phone # (202) 326-1400

Treasurer:

Britt Cocanour
1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036
Title: Treasurer
Phone # (202) 326-1400

Designated Agent(s):

Caroline C. Fines
1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036
Title: Assistant Treasurer
Phone # (202) 326-1400

Banks or Depositories

Signed: Britt Cocanour
Date Signed: 03/29/2005
Official Committee URL: www.emilyslist.org

(End FEC FORM 1)



Generated Tue Oct 11 01:15:40 2005



FEC FORM 1 STATEMENT OF ORGANIZATION

FILING FEC-115110

1. GAY AND LESBIAN VICTORY FUND

1705 DeSales Street NW
5th Floor
WASHINGTON, DC 20036

2. Date: 04/13/2004

3. FEC Committee ID #: C00251835

This committee supports/opposes more than one Federal candidat

Affiliated Committees/Organizations

Custodian of Records:

Brian A. Johnson
3020 Fallswood Glen Court
Falls Church, Virginia 22044
Title: Treasurer

Treasurer:

Brian A. Johnson
3020 Fallswood Glen Court
Falls Church, Virginia 22044
Title: Treasurer

Designated Agent(s):

Fred A. Sherman
1705 DeSales Street NW 5th Fl.
Washington, DC 20036
Title: Assistant Treasurer

Banks or Depositories

Adams National Bank
1501 K Street NW
Washington, DC 20005

Bank of America
730 15th Street NW
Washington, DC 20005

Signed: Brian A. Johnson

Date Signed: 04/13/2004

Official Committee URL: <http://www.victoryfund.org>

(End FEC FORM 1)



Generated Tue Oct 11 01:17:39 2005



October 20, 2005

Dear Finance Committee:

Please be assured that this check represents voluntary contributions from the members of SEIU. We will be reporting this contribution by SEIU COPE to the FEC. We have also enclosed a copy of SEIU COPE's Statement of Organization as currently on file with the FEC. This statement is accurate and complete to the best of my knowledge and belief.

Sincerely,

Anna Burger
Anna Burger
Treasurer, SEIU COPE

ANDREW L. STERN
International President

ANNA BURGER
International Secretary-Treasurer

MARY KAY HENRY
Executive Vice President

GERRY HUDSON
Executive Vice President

ELISEO MEDINA
Executive Vice President

TOM WOODRUFF
Executive Vice President

AB:dmd

Enclosures

SERVICE EMPLOYEES
INTERNATIONAL UNION, CLC

1310 L Street, N.W.
Washington, D.C. 20005

202.898.1200

FAX: 202.898.1481

www.SEIU.org

501 1005

10/20/05

02/24/2005 08:44

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

OFES-24 (05)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines **12FE4M05**

Service Employees International Union Committee On Political Education

ADDRESS (Check if address is changed)

1819 L Street NW

Washington **DC** **20009**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS **stdungar@seiu.org**

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER **202888329**

2. DATE **02 29 2005**

3. FEC IDENTIFICATION NUMBER **C 00004036**

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

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

Type or Print Name of Treasurer **Anne Burger**

Signature of Treasurer **Electronically Filed by Anne Burger** Date **02 29 2005**

NOTE: Submission of false, erroneous, or incomplete information may subject the person responsible therefor to the penalties of 18 U.S.C. 1001.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
 Federal Election Commission
 Toll Free 800-424-9530
 Local 202-696-1100

FEC FORM 1
(Revised 02/05/05)

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

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

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

Name of Candidate _____

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

(e) This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

Service Employees International Union _____

Mailing Address _____ 1913 L Street, NW _____

1913 L Street, NW

Washington

DC

20005

CITY

STATE

ZIP CODE A

Relationship Connected _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation with Capital Stock
- Trade Association
- Labor Organization
- Cooperative

FEC Form 1 (Revised 02/2003)

Page 2

Write or Type Committee Name

Service Employees International Union Committee On Political Education (SEIU GOP-

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 Liz Gustafson

Mailing Address 1313 L Street, NW

Washington DC 20005

Title or Position G.P.O. CITY A STATE DC ZIP CODE A

Telephone number 202 - 996 - 3200

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 Anna Burger

Mailing Address 1313 L Street, NW

Washington DC 20005

Title or Position Treasurer CITY A STATE DC ZIP CODE A

Telephone number 202 - 996 - 8200

Full Name of Designated Agent _____

Mailing Address _____

_____ CITY A STATE _____ ZIP CODE A

Telephone number _____

FEC Form 1 (Revised 02/2003)

Page 4

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.

Amalgamated Bank

Address

1825 K Street, NW

Washington

CITY

DC

STATE

20005

ZIP CODE

REC Form 1 (Revised 1/2004)

Page 5/12

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

[ADDITIONAL]

SunTrust Bank
 1440 New York Ave., NW
 Washington
 DC 20005
 CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

1199 Service Employees Int'l Union Federal Political Action Fund
 136 W 42nd St. 7th Floor
 New York
 NY 10036
 CITY STATE ZIP CODE

Relationship Affiliation

Type of Connected Organization:

- Corporation
- Corporation with Capital Stock
- Members Organization
- Trade Association
- Labor Organization
- Cooperative

FEC Form 1 (Revised 1/2001)

Page 8/12

Dedicated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position CITY A STATE A ZIP CODE A

Telephone number _____

FEC Form 1 (Revised 1/2001)

Page 7/12

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

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY A

STATE A

ZIP CODE A

Name of Any Connected Organization or Related Committee

[ADDITIONAL]

Local 325J SEIU American Dream Political Action Fund

Mailing Address

101 Avenue of the Americas

New York

CITY A

STATE A

ZIP CODE A

Relationship

Unrelated

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

X

Labor Organization

Membership Organization

Trade Association

Cooperative

FEC Form 1 (Revised 1/2001)

Page 8/12

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position

CITY A

STATE A

ZIP CODE A

Telephone Number

FEC Form 1 (Revised 1/2001)

Page 9 / 12

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

[ADDITIONAL]

[]		
[]		
[]		
CITY	STATE	ZIP CODE

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

New York State Public Employees Federation - COPE

Mailing Address

P.O. Box 12614

Albany

NY

12212

CITY

STATE

ZIP CODE

Relationship

Affiliated

Type of Connected Organization:

Corporation

Corporation W/o Capital Stock

X

Labor Organization

Membership Organization

Trade Association

Cooperative

FEC Form 1 (Revised 1/2001)

Page 10/12

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone Number

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Banks or Other Depositories: List of 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.

Mailing Address

CITY A

STATE A

ZIP CODE A

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

1188 32B/1144 Service Employees International Union Home Care Political Action Fund

Mailing Address

330 W 42nd St. 7th Floor

New York

NY

10036

CITY A

STATE A

ZIP CODE A

Relationship

Affiliated

Type of Connected Organization:

Corporation

Corporation with Capital Stock

X

Labor Organization

Membership Organization

Trade Association

Cooperative

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Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position

CITY A

STATE A

ZIP CODE A

Telephone Number