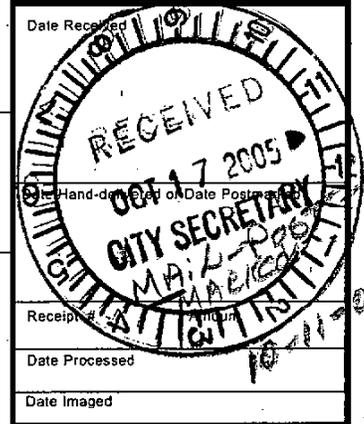


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 36
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	Sue		
NICKNAME	LAST	SUFFIX	
	Lovell		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	1802 West Main Houston, TX 77098		
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	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month	Day	Year
	07	01	05
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 OFFICE		OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages		Houston City Council, Position 2	
.. 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			
<b>GO TO PAGE 2</b>			



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

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

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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

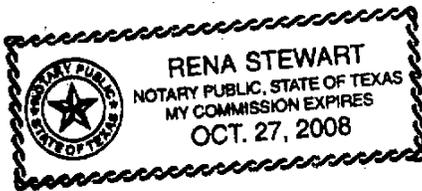
<input type="checkbox"/> additional pages	<b>COMMITTEE TYPE</b> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

**17 NO REPORTABLE ACTIVITY**  Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 40.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,292.22
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,426.62
<b>OUTSTANDING LOAN TOTALS</b>	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 36,954.72

**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 11 day of October, 2005, to certify which, witness my hand and seal of office.

*Rena Stewart* 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: **18**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/11/2005</b>	5 Full Name of Contributor: <b>Brooks Ballard</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution description (if applicable): <b>Office Space</b>
6 Contributor Address: City, State, Zip Code [REDACTED] <b>77027</b>				

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

4 Date <b>7/13/2005</b>	5 Full Name of Contributor: <b>Margaret Meredith Menger</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>ton, TX 77042</b>				

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

4 Date <b>7/18/2005</b>	5 Full Name of Contributor: <b>Ronald B. Rea PhD</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$15.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>ouston, TX 77257-1085</b>				

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

4 Date <b>7/18/2005</b>	5 Full Name of Contributor: <b>Stewart Lee Zuckerbrod M.D.</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>ellaire, TX 77401-5731</b>				

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

4 Date <b>7/18/2005</b>	5 Full Name of Contributor: <b>Nancy T. Beren Esquire</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$118.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77030-3101</b>				

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: <b>18</b>	
2 FILER NAME: <b>Sue Lovell</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Richard G. Wilson</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/29/2005</b>	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC (ID# <b>C00251835</b> ) <b>Gay &amp; Lesbian Victory Fund PAC - Federal</b>	7 Amount of contribution (\$): <b>\$600.00</b>	8 In kind contribution description (if applicable): <b>Mailing Expenses</b>
6 Contributor Address: City, State, Zip Code [REDACTED] Washington, DC 20036			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/29/2005</b>	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC (ID# <b>C00193433</b> ) <b>EMILY's List Federal Fund</b>	7 Amount of contribution (\$): <b>\$288.22</b>	8 In kind contribution description (if applicable): <b>Staff travel costs</b>
6 Contributor Address: City, State, Zip Code [REDACTED] Washington, DC 20036			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>8/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Brooks Ballard</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution description (if applicable): <b>Office Space</b>
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>8/3/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Helen Tapick</b>	7 Amount of contribution (\$): <b>\$50.00</b>	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):	

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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: **18**

2 FILER NAME:

**Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**8/3/2005**

5 Full Name of Contributor:

**Anne Maresh Wheeler** out of state PAC (ID# \_\_\_\_\_)7 Amount of  
contribution (\$):**\$75.00**8 In kind contribution  
description (if applicable):

6 Contributor Address: City, State, Zip Code

**[REDACTED] Houston, TX 77019-3723**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**8/3/2005**

5 Full Name of Contributor:

**Carmen H. Pollock** 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] Houston, TX 77098-5090**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**8/3/2005**

5 Full Name of Contributor:

**Carlos A Bacino** 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 77098**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**8/3/2005**

5 Full Name of Contributor:

**Karen Ostrum George** 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 77005**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**8/3/2005**

5 Full Name of Contributor:

**Frances T. "Sissy" Farenthold** 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 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: **18**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8/5/2005</b>	5 Full Name of Contributor: <b>Wyman Elrod</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>allas, TX 75230-5421</b>				

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

4 Date <b>8/5/2005</b>	5 Full Name of Contributor: <b>Edith Dee Cofrin</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Atlanta, GA 30306</b>				

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

4 Date <b>8/9/2005</b>	5 Full Name of Contributor: <b>Daniel L Aye</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$1.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Lincoln, NE 68508</b>				

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

4 Date <b>8/9/2005</b>	5 Full Name of Contributor: <b>Marsha Shelness</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>ew York, NY 10011</b>				

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

4 Date <b>8/9/2005</b>	5 Full Name of Contributor: <b>Karen Goldner</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>ort Wayne, IN 46805</b>				

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: **18**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8/9/2005</b>	5 Full Name of Contributor: <b>Ralph Alpert</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Santa Cruz, CA 95061-8288</b>				

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

4 Date <b>8/9/2005</b>	5 Full Name of Contributor: <b>Leslie S Wilkes</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Fairfax, VA 22033</b>				

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

4 Date <b>8/9/2005</b>	5 Full Name of Contributor: <b>Walter R Vearling</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Cornwell Heights, PA 19020-2642</b>				

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

4 Date <b>8/10/2005</b>	5 Full Name of Contributor: <b>Frederick T Francis</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Brooklyn, NY 11201-2216</b>				

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

4 Date <b>8/15/2005</b>	5 Full Name of Contributor: <b>EMILY's List Federal Fund</b>	<input checked="" type="checkbox"/> out of state PAC (ID# <b>C00193433</b> )	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution description (if applicable): <b>Staffing costs</b>
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Arlington, DC 20036</b>				

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: **18**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8/17/2005</b>	5 Full Name of Contributor: <b>Joseph R Liszka</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>Key West, FL 33040-6220</b>				

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

4 Date <b>8/17/2005</b>	5 Full Name of Contributor: <b>Sharon Raphael</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>Long Beach, CA 90808-2102</b>				

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

4 Date <b>8/17/2005</b>	5 Full Name of Contributor: <b>Lee Tinker Loe</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>Houston, TX 77098-1610</b>				

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

4 Date <b>8/17/2005</b>	5 Full Name of Contributor: <b>Andrew S Rosenberg</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$35.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>San Diego, CA 92116-1003</b>				

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

4 Date <b>8/17/2005</b>	5 Full Name of Contributor: <b>Drury Sherrod</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>Pasadena, CA 91106-3813</b>				

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: **18**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8/17/2005</b>	5 Full Name of Contributor: <b>David M Waterbury</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Minneapolis, MN 55410-1171</b>				

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

4 Date <b>8/17/2005</b>	5 Full Name of Contributor: <b>Julian E Brown</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77006</b>				

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

4 Date <b>8/18/2005</b>	5 Full Name of Contributor: <b>Wanda Jean Harris</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Cypress, TX 77429</b>				

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

4 Date <b>8/19/2005</b>	5 Full Name of Contributor: <b>Jeanne A Powers</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Claremont, CA 91711-4237</b>				

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

4 Date <b>8/19/2005</b>	5 Full Name of Contributor: <b>Donald W. Buchanan</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$6.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Tucson, AZ 85705-7248</b>				

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: **18**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8/19/2005</b>	5 Full Name of Contributor: <b>Jeffrey M Dickemann</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Richmond, CA 94804-1117</b>				

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

4 Date <b>8/20/2005</b>	5 Full Name of Contributor: <b>Ron Beagle</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$3,500.00</b>	8 In kind contribution description (if applicable): <b>Website Design</b>
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006</b>				

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

4 Date <b>8/22/2005</b>	5 Full Name of Contributor: <b>Gary S. Anderson</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>South Range, WI 54874-8880</b>				

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

4 Date <b>8/22/2005</b>	5 Full Name of Contributor: <b>John S.W. Kellett</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$300.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-4325</b>				

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

4 Date <b>8/22/2005</b>	5 Full Name of Contributor: <b>Lane Marshal</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$18.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Lanwdale, CA 90260</b>				

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: <b>18</b>	
2 FILER NAME: <b>Sue Lovell</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>8/25/2005</b>	5 Full Name of Contributor: <b>Eric Goff</b>	<input type="checkbox"/> out of state PAC (ID# _____) 7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>8/25/2005</b>	5 Full Name of Contributor: <b>Brenda K Jacoby</b>	<input type="checkbox"/> out of state PAC (ID# _____) 7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098-3605</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>8/25/2005</b>	5 Full Name of Contributor: <b>Josh Scott Tillinghast</b>	<input type="checkbox"/> out of state PAC (ID# _____) 7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77092-5520</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>8/30/2005</b>	5 Full Name of Contributor: <b>David Bohnett</b>	<input type="checkbox"/> out of state PAC (ID# _____) 7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>90067-3123</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>8/30/2005</b>	5 Full Name of Contributor: <b>Norman Blachford</b>	<input type="checkbox"/> out of state PAC (ID# _____) 7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>CA 92038-1988</b>			
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: <b>18</b>	
2 FILER NAME: <b>Sue Lovell</b>			3 ACCOUNT # (Ethics Commission filers)		
4 Date <b>8/30/2005</b>	5 Full Name of Contributor: <b>Elena Guajardo</b>	<input type="checkbox"/> out of state PAC (ID# _____) 7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):		
6 Contributor Address: City, State, Zip Code [REDACTED] <b>San Antonio, TX 78229</b>					
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):		
4 Date <b>8/31/2005</b>	5 Full Name of Contributor: <b>Donald B Rosenthal</b>	<input type="checkbox"/> out of state PAC (ID# _____) 7 Amount of contribution (\$): <b>\$35.00</b>	8 In kind contribution description (if applicable):		
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Charlotte, NC 28211-5549</b>					
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):		
4 Date <b>9/1/2005</b>	5 Full Name of Contributor: <b>Brooks Ballard</b>	<input type="checkbox"/> out of state PAC (ID# _____) 7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution description (if applicable): <b>Office Space</b>		
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027</b>					
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):		
4 Date <b>9/6/2005</b>	5 Full Name of Contributor: <b>Martin L. Matson</b>	<input type="checkbox"/> out of state PAC (ID# _____) 7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):		
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Eugene, OR 97404-0363</b>					
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):		
4 Date <b>9/6/2005</b>	5 Full Name of Contributor: <b>Robert W. Hanna</b>	<input type="checkbox"/> out of state PAC (ID# _____) 7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution description (if applicable):		
6 Contributor Address: City, State, Zip Code [REDACTED] <b>San Diego City, CA 91604</b>					
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: **18**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/6/2005</b>	5 Full Name of Contributor: <b>Herb L. Gore</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Northridge, CA 91324</b>				

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

4 Date <b>9/6/2005</b>	5 Full Name of Contributor: <b>Carolyn K. Harvey</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>San Francisco, CA 94122</b>				

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

4 Date <b>9/6/2005</b>	5 Full Name of Contributor: <b>David J. Eder</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Angeles, CA 90039</b>				

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

4 Date <b>9/6/2005</b>	5 Full Name of Contributor: <b>Carol C. McFall</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>NE, Alliance, OH 44601</b>				

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

4 Date <b>9/6/2005</b>	5 Full Name of Contributor: <b>Ralph C. Lasher</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77007-8398</b>				

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: <b>18</b>	
2 FILER NAME: <b>Sue Lovell</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/7/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Johnny Peden</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX 77007-7218			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/8/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>James Douglas</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Brooklyn, NY 11226-2394			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/8/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Kimbra K. Ogg</b>	7 Amount of contribution (\$): <b>\$300.00</b>	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 <b>9/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Jewel E. Day D.D.S.</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution description (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 <b>9/12/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Thomas S. Ruth</b>	7 Amount of contribution (\$): <b>\$30.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Tampa, FL 33624-3504			
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: <b>18</b>	
2 FILER NAME: <b>Sue Lovell</b>			3 ACCOUNT # (Ethics Commission filers)		
4 Date <b>9/12/2005</b>	5 Full Name of Contributor: <b>Kay Sherman Staley</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):	
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008</b>					
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):		
4 Date <b>9/13/2005</b>	5 Full Name of Contributor: <b>Sally J. Langston</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):	
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Garrison, TX 75946</b>					
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):		
4 Date <b>9/14/2005</b>	5 Full Name of Contributor: <b>Jeffrey Kuchar</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):	
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006</b>					
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):		
4 Date <b>9/14/2005</b>	5 Full Name of Contributor: <b>Maria C. Gonzalez</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):	
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77004</b>					
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions):		
4 Date <b>9/14/2005</b>	5 Full Name of Contributor: <b>J. Christopher Kennedy</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):	
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Los Angeles, CA 90046-1609</b>					
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: <b>18</b>	
2 FILER NAME: <b>Sue Lovell</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/15/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Tracy Schulz</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77042</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/15/2005</b>	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC (ID# <b>C00193433</b> ) <b>EMILY's List Federal Fund</b>	7 Amount of contribution (\$): <b>\$541.00</b>	8 In kind contribution description (if applicable): <b>Staffing costs</b>
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Washington, DC 20036</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Bridget Upton</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 770061328</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/19/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Kristi S. Martin</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77005</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Joel Randall Sprott</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098-</b>			
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: <b>18</b>	
2 FILER NAME: <b>Sue Lovell</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Steven Ray Francis</b>	7 Amount of contribution (\$): <b>\$0.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>umble, TX 77346</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/26/2005</b>	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC (ID# <b>C00251835</b> ) <b>Gay &amp; Lesbian Victory Fund PAC - Federal</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution description (if applicable): <b>Mailing</b>
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Washington, DC 20036-</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/26/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Ralph Coryell Frates Jr.</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77005-3360</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/27/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Mirian Saez</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>San Francisco, CA 94114</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/27/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>A. Ann Alexander</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77025-</b>			
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: **18**2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/28/2005</b>	5 Full Name of Contributor: <b>Charles E. Armstrong</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-6560</b>				

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

4 Date <b>9/28/2005</b>	5 Full Name of Contributor: <b>Scott J. Atlas</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002-</b>				

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

4 Date <b>9/29/2005</b>	5 Full Name of Contributor: <b>Leslie Alexander</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$5,000.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002</b>				

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

4 Date <b>9/29/2005</b>	5 Full Name of Contributor: <b>Lorraine Wulfe</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77056</b>				

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

4 Date <b>9/29/2005</b>	5 Full Name of Contributor: <b>Virginia L. Mithoff</b>	<input type="checkbox"/> out of state PAC (ID# _____)	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>ston, TX 77019</b>				

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: **18**

2 FILER NAME:

**Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**9/29/2005**

5 Full Name of Contributor:

**Michael Rosmarin** out of state PAC (ID# \_\_\_\_\_)7 Amount of  
contribution (\$):**\$1,000.00**8 In kind contribution  
description (if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77027**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/29/2005**

5 Full Name of Contributor:

**Madeleine G. Appel** out of state PAC (ID# \_\_\_\_\_)7 Amount of  
contribution (\$):**\$150.00**8 In kind contribution  
description (if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77096-2501**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/29/2005**

5 Full Name of Contributor:

**H. Prasad Kolluru PE** 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

**Houston, TX 77074**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/29/2005**

5 Full Name of Contributor:

**Donald R. Poston Jr.** 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

**Houston, TX 77074-2940**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/29/2005**

5 Full Name of Contributor:

**Garnet F. Coleman Campaign** 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

**TX 77288**

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: <b>18</b>	
2 FILER NAME: <b>Sue Lovell</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/29/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>April Lee Ayers</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77018</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/29/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>Robert R. Briddick</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77063817</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/29/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) <b>James A. Binkley</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77008-3189</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
Schedule A1 Report Total:		<b>\$23,252.22</b>	

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# 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):



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# 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

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](http://www.emilyslist.org)

**(End FEC FORM 1)**



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**POLITICAL EXPENDITURES****SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F Page 1	
FILER NAME <b>Sue Lovell</b>				ACCOUNT # (Ethics Commission filers)	
Date 7/1/2005	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 7/1/2005	Payee Name Office Depot				Amount (\$)  \$4.05
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 7/1/2005	Payee Name Office Depot				Amount (\$)  \$13.17
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 7/1/2005	Payee Name Office Depot				Amount (\$)  \$7.82
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		

**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 7/1/2005	Payee Name Network Solutions Payee address 10 Azalea Drive	City; Drums	State; PA	Zip Code 18222	Amount (\$) (\$9.00)
Purpose of payment (See instructions regarding type of information required) Credit - web hosting service			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
Date 7/1/2005	Payee Name US Postal Service Payee address Julius Melcher Location	City; Houston	State; TX	Zip Code 77027	Amount (\$) \$37.00
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 7/1/2005	Payee Name US Postal Service Payee address Julius Melcher Location	City; Houston	State; TX	Zip Code 77027	Amount (\$) \$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 7/1/2005	Payee Name Network Solutions Payee address 10 Azalea Drive	City; Drums	State; PA	Zip Code 18222	Amount (\$) \$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		

**POLITICAL EXPENDITURES****SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F Page 3	
FILER NAME <b>Sue Lovell</b>				ACCOUNT # (Ethics Commission filers)	
Date 7/1/2005	Payee Name <b>FedEx Kinko's</b>			Amount (\$) <b>\$58.46</b>	
	Payee address 2200 SW Freeway	City; Houston	State; TX	Zip Code 77098	
Purpose of payment (See instructions regarding type of information required) <b>Event supplies</b>			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
Date 7/2/2005	Payee Name <b>Cingular Wireless</b>			Amount (\$) <b>\$83.17</b>	
	Payee address P.O. Box 650574	City; Dallas	State; TX	Zip Code 75265-0574	
Purpose of payment (See instructions regarding type of information required) <b>Cell Phone</b>			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
Date 7/5/2005	Payee Name <b>SBC</b>			Amount (\$) <b>\$126.21</b>	
	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) <b>Telephone</b>			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
Date 7/5/2005	Payee Name <b>PayPal</b>			Amount (\$) <b>\$4.65</b>	
	Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145	
Purpose of payment (See instructions regarding type of information required) <b>Credit Card Processing</b>			** 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 7/7/2005	Payee Name Merchant Bank Card	Payee address 40960 California Oaks Road, Suite 209			City; Murrieta	State; CA	Zip Code 92562	Amount (\$) \$20.31
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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 7/10/2005	Payee Name Grant Martin Consulting	Payee address 1708 Broderick			City; San Francisco	State; CA	Zip Code 94115	Amount (\$) \$1,000.00
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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 7/10/2005	Payee Name Grant Martin Consulting	Payee address 1708 Broderick			City; San Francisco	State; CA	Zip Code 94115	Amount (\$) \$60.00
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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 7/10/2005	Payee Name US Postal Service	Payee address Julius Melcher Location			City; Houston	State; TX	Zip Code 77027	Amount (\$) \$111.00
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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.

Total pages Schedule F

Page 5

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 7/10/2005	Payee Name Office Depot	Payee address 5134 Richmond Ave			City; Houston	State; TX	Zip Code 77059	Amount (\$) \$28.66
Purpose of payment (See instructions regarding type of information required) Office Supplies				** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held				
Date 7/16/2005	Payee Name Amanda Scott	Payee address 3000 Murworth #1603			City; Houston	State; TX	Zip Code 77025	Amount (\$) \$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 7/19/2005	Payee Name PayPal	Payee address P.O. Box 45950			City; Omaha	State; NE	Zip Code 98145	Amount (\$) \$4.65
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 8/1/2005	Payee Name Amanda Scott	Payee address 3000 Murworth #1603			City; Houston	State; TX	Zip Code 77025	Amount (\$) \$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				

**POLITICAL EXPENDITURES****SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F Page 6	
FILER NAME <b>Sue Lovell</b>				ACCOUNT # (Ethics Commission filers)	
Date 8/4/2005	Payee Name Cingular Wireless	Payee address P.O. Box 650574			Amount (\$) \$83.17
		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 8/4/2005	Payee Name Grant Martin Consulting	Payee address 1708 Broderick Street			Amount (\$) \$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		
Date 8/4/2005	Payee Name Grant Martin Consulting	Payee address 1708 Broderick Street			Amount (\$) \$80.00
		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		
Date 8/4/2005	Payee Name Network Solutions	Payee address 10 Azalea Drive			Amount (\$) \$19.00
		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		

**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 8/5/2005	Payee Name Merchant Bank Card	Amount (\$) \$6.21
	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
Date 8/5/2005	Payee Name American Express	Amount (\$) \$3.10
	Payee address PO Box 360001	City; State; Zip Code Ft. Lauderdale 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 8/12/2005	Payee Name SBC	Amount (\$) \$126.32
	Payee address 555 Main Street, Room 228-CR	City; State; Zip Code 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
Date 8/15/2005	Payee Name U. S. Postal Service	Amount (\$) \$37.00
	Payee address Julius Melcher Branch	City; State; Zip Code 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

**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 8/15/2005	Payee Name Office Depot Payee address 5134 Richmond	City; Houston	State; TX	Zip Code 77059	Amount (\$) \$62.94
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 8/16/2005	Payee Name Amanda Scott Payee address 3000 Murworth #1603	City; Houston	State; TX	Zip Code 77025	Amount (\$) \$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 8/19/2005	Payee Name Discover Payee address P.O. Box 30943	City; Salt Lake City	State; UT	Zip Code 84130	Amount (\$) \$6.76
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 8/26/2005	Payee Name PayPal Payee address P.O. Box 45950	City; Omaha	State; NE	Zip Code 98145	Amount (\$) \$3.20
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 9	
FILER NAME <b>Sue Lovell</b>		ACCOUNT # (Ethics Commission filers)	
Date <b>8/31/2005</b>	Payee Name <b>Bank of America</b>	Amount (\$)	
	Payee address <b>1905 West Gray</b>	City; <b>Houston</b>	State; Zip Code <b>TX 77019</b>
Purpose of payment (See instructions regarding type of information required) <b>Bank Charge</b>		<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date <b>9/1/2005</b>	Payee Name <b>Amanda Scott</b>	Amount (\$)	
	Payee address <b>3000 Murworth #1603</b>	City; <b>Houston</b>	State; Zip Code <b>TX 77025</b>
Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>		<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date <b>9/6/2005</b>	Payee Name <b>City of Houston</b>	Amount (\$)	
	Payee address <b>900 Bagby</b>	City; <b>Houston</b>	State; Zip Code <b>TX 77002</b>
Purpose of payment (See instructions regarding type of information required) <b>Filing Fee</b>		<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date <b>9/8/2005</b>	Payee Name <b>Merchant Bank Card</b>	Amount (\$)	
	Payee address <b>40960 California Oaks Road, Suite 209</b>	City; <b>Murrieta</b>	State; Zip Code <b>CA 92562</b>
Purpose of payment (See instructions regarding type of information required) <b>Credit Card Processing</b>		<b>** Complete if direct expenditures to benefit C/OH **</b> 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 <b>Sue Lovell</b>				ACCOUNT # (Ethics Commission filers)	
Date 9/9/2005	Payee Name <b>Whitney Kemp</b>			Amount (\$)	
	Payee address 3502 Burlington, Apt. 9	City; Houston	State; TX	Zip Code 77006	\$31.50
Purpose of payment (See instructions regarding type of information required) <b>Reimb-Volunteer Refreshments</b>			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
Date 9/9/2005	Payee Name <b>Paul Bettencourt</b>			Amount (\$)	
	Payee address 1001 Preston	City; Houston	State; TX	Zip Code 77002	\$20.00
Purpose of payment (See instructions regarding type of information required) <b>Precinct Map</b>			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
Date 9/15/2005	Payee Name <b>Office Depot</b>			Amount (\$)	
	Payee address 5134 Richmond	City; Houston	State; TX	Zip Code 77059	\$48.49
Purpose of payment (See instructions regarding type of information required) <b>Office Supplies</b>			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
Date 9/15/2005	Payee Name <b>U. S. Postal Service</b>			Amount (\$)	
	Payee address Julius Melcher Branch	City; Houston	State; TX	Zip Code 77027	\$37.00
Purpose of payment (See instructions regarding type of information required) <b>Postage</b>			** 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 9/15/2005	Payee Name Cingular Wireless	Payee address P.O. Box 650574			City; Dallas	State; TX	Zip Code 75265	Amount (\$) \$8.83
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 9/15/2005	Payee Name Network Solutions	Payee address 10 Azalea Drive			City; Drums	State; PA	Zip Code 18222	Amount (\$) \$19.00
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 9/16/2005	Payee Name Amanda Scott	Payee address 3000 Murworth #1603			City; Houston	State; TX	Zip Code 77025	Amount (\$) \$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 9/21/2005	Payee Name Office Depot	Payee address 6225 West by Northwest Blvd.			City; Houston	State; TX	Zip Code 77040	Amount (\$) \$96.56
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 12

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 9/21/2005	Payee Name Grant Martin Consulting	Payee address 1708 Broderick Street			City; San Francisco	State; CA	Zip Code 94115	Amount (\$) \$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				
Date 9/21/2005	Payee Name Grant Martin Consulting	Payee address 1708 Broderick Street			City; San Francisco	State; CA	Zip Code 94115	Amount (\$) \$80.00
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				

Schedule F Report Total:

\$9,426.62