

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:
41

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

RECEIVED
Date Hand-delivered or Date Postmarked
OCT 27 2003
CITY SECRETARY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

Receipt # Amount

Date Processed

Date Imaged

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 523-1762

6 CAMPAIGN TREASURER NAME

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

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 863-9690

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
09 / 26 / 03 THROUGH 10 / 25 / 03

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston City Council at Large, Position 4

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Sue Lovell

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 32,155.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 41,236.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 6,490.21

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY SEAL HERE

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

Sue Lovell
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sue Lovell, this the 27 day of October, 2003, to certify which, witness my hand and seal of office.

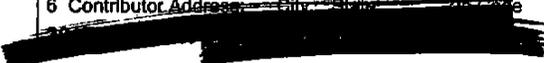
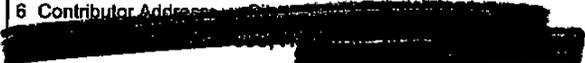
A.K. Hubbard
Signature of officer administering oath

A.K. Hubbard
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ann J. Robison	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David L. Muck	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joseph A. Hlavac	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ronald B. Rea PhD	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William Patrick Brown	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.

 1 Total pages this schedule A1: **37**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/29/2003

5 Full Name of Contributor:

Calvin Brad Colle
 out of state PAC

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

 8 In kind
contribution
(if applicable):

6 Contributor Address: City, State Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/29/2003

5 Full Name of Contributor:

William John Stemme
 out of state PAC

 7 Amount of
contribution (\$):
\$25.00

 8 In kind
contribution
(if applicable):

6 Contributor Address: City, State Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/29/2003

5 Full Name of Contributor:

Eric Robert Liston
 out of state PAC

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

 8 In kind
contribution
(if applicable):

6 Contributor Address: City, State Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/29/2003

5 Full Name of Contributor:

John A. Matlage Jr.
 out of state PAC

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

 8 In kind
contribution
(if applicable):

6 Contributor Address: City, State Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/29/2003

5 Full Name of Contributor:

Robert Weinberger
 out of state PAC

 7 Amount of
contribution (\$):
\$25.00

 8 In kind
contribution
(if applicable):

6 Contributor Address: City, State Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

4 Date 9/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sonna M Alton	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 9/30/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carol Leobold	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 9/30/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael W. Gonzalez	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 9/30/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stephanie Ann Welch	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 9/30/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jody Lewis Travis	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/30/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robin Jean Robinett DVM	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/30/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Wanda Jean Harris	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/1/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenneth E. Bentsen Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/2/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Thomas D. Cordell	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/2/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Neal Stuart Manne	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/2/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John S.W. Kellett	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/2/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lauren Beth Marangell M.D.	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/2/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sally Elizabeth Andrews	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/2/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cathryn Rodd Selman	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/2/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Muffie Moroney	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/2/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC H. Joan Ehrlich 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/2/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael Howard Laster 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/2/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harriet S. Leveen LUTCE/CLTC 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/2/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David Blalock Tarbet 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jennifer Ann Eaves 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
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**POLITICAL CONTRIBUTIONS
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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jeffrey W Levi 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joanna M. Pasternak 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nelda Faye Majors 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Snider 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrew P. Tobias 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mark Spengler	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John Michael Gonzalez	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Molly Beth Malcolm	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sharon A. Liggett	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenda R Kirby	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
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2 FILER NAME: Sue Lovell	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cynthia B. Schultz	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joni Gutierrez	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mirian Saez	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ronald M. Ansin	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elizabeth Julian Potter	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1

(FOR FORMS C/OH and SPAC)

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

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

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

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

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

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

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OTHER THAN PLEDGES OR LOANS**
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(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Rebecca Campany	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrew P. Tobias	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carol Feathers	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Debra Kozikowski	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ronald M. Ansin	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cathleen J McGrath	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/7/2003	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC Gay & Lesbian Victory Fund PAC - Federal	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/9/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dalton Claude Dehart	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/9/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patsy Cravens	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/9/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nelda J. Shoup	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Roberta Achtenberg	7 Amount of contribution (\$): \$4,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Ellen Whitworth	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Benjamin F. Orr	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Rebecca Lee Rabon	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Leslie Wilkes	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)

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

4 Date 10/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Laura Ann Douglas	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

4 Date 10/14/2003	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC I.L.A. #24 Political Action Committee	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Deborah Denise Immel 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sherri Lynn Akard 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Claudia F. Williamson 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC April Lee Ayers 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Laura Anne Mullen CPA 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Susan Jackson ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Judith Angela Blanchard ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Denise Dee O'Doherty MSN LPC ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joe Weldon Lindley ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linda Morales ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenneth E. Bentsen Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elizabeth Anne James	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gordon Harry Weisser	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sylvia R. Garcia	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charlene Lea Smith	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Lou Harrison	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Katherine Barton	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sharon Faye Tevault	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Eva Jean Lee	7 Amount of contribution (\$): \$40.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Daniel Malachowski	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Raquel Cedillo	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Muffie Moroney	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Margaret Meredith Menger	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sherry M. Merfish	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janice Gore Thomas	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**POLITICAL CONTRIBUTIONS
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**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kim Elaine Whittington	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janet Elizabeth Mathews	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janine Marie Brunjes RN, MA	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lynn G. Wheeler	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dalton Claude Dehart	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Unallocated Misc. Cash Donation \$50 or less	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nelda J. Shoup	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Porfirio Villarreal Jr	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX 77048			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Suzanne Reed Null	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX 77025			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ellen Happe Phillips	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan Mims Yancey	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alison Cameron	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Unallocated Misc. Cash Donation \$50 or less	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James Coy Tow	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marlyn Bailey Cogburn	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nancy Tobin Beren Esquire	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Unallocated Misc. Cash Donation \$50 or less	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC MOODS	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Daniel Pritchett	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Christopher James Jimmerson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Geraldine B. Tennant	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Claude Rennie Glover	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jane Elizabeth Arnett	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Daniel M. Jones	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gertrude L. Bamstone	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC George Florent Reiter	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marion Kay Saunders	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edward Miller	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mark Fehrs Haukohl	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ella Therese Tyler	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Josh Scott Tillinghast	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard F. Kammerer	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sheet Metal Workers Intl Assoc LU # 54 PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Unallocated Misc. Cash Donation \$50 or less	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John R. Eckel	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Steven K. Champagne	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charlotte Louise Avery	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William Earl Colburn	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Julle S Tagen	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Laura Branam LMSW, LPC	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Laura M. Esquivel	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cyndee Remmert	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles Bryant Krenzler	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Christopher Lee Thetford	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bert Anson III	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joseph Bradley Nagar	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard H. Ember	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Helen Ann Fisher	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kimberly Kay Lopez	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Anita Schon	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Blanca Uzeta O'Leary	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James Douglas Seegers	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alejandro R. Martinez	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/22/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marlon Sue Friedman	7 Amount of contribution (\$): \$40.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/22/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Anne Maresh Wheeler	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/22/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Vernon Gregory Ledford	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/22/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Randolph Kendall Tibbitts	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/22/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC A. Ann Alexander	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/23/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Raquel Cedillo	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/23/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dennis Yaksich	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/23/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harriet S. Leveen LUTCE/CLTC	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/23/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Geoffrey C. Westergaard	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/23/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lee B. Murdy	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Debby K. McMinn	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harry Schyma	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell	3 ACCOUNT # (Ethics Commission filers)	

4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Margaret W. Hall	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marc S. Whitehead	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Wiley Doran	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sam M. Yates III	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Diane Dilgren	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William Lawrence Green CPA, CEP	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenneth Lowery Olive	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marlon Kay Saunders	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bridget Lois Jensen	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles E. Armstrong	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**POLITICAL CONTRIBUTIONS
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**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37
2 FILER NAME: Sue Lovell	3 ACCOUNT # (Ethics Commission filers)	

4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Thomas Kessler	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Shelley L. Kennedy	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sterling Structures L.P.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Catherine Lewellyn	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dawn Dancy	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**POLITICAL CONTRIBUTIONS
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**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **37**

2 FILER NAME:

Sue Lovell

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ben Wilson Pride	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Ellen Whitworth	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joan Golding	7 Amount of contribution (\$): \$40.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John W. Peeler	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alfred Molison	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 37	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael Seto	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Anita Schon	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/24/2003	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC EMILY's List Federal Fund	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Daniel Pritchett	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

Schedule A1 Report Total: **\$32,155.00**

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

2

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date
10/1/2003

Payee Name

Rindy Miller Media

Amount
(\$)

Payee address

City;

State;

Zip Code

\$40,000.00

501 N IH 35, Studio 115
Houston, TX 78702

Houston

TX

78702

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

Television Advertising

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

Candidate / Officeholder name

Office sought

Office held

Date
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$48.48

P.O. Box 667307 Houston, TX
77266-7307

Houston

TX

77266-7307

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

Volunteer Expenses

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

Candidate / Officeholder name

Office sought

Office held

Date
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$486.97

P.O. Box 667307 Houston, TX
77266-7307

Houston

TX

77266-7307

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
10/1/2003

Payee Name

Grant Martin Consulting

Amount
(\$)

Payee address

City;

State;

Zip Code

\$144.30

P.O. Box 667307 Houston, TX
77266-7307

Houston

TX

77266-7307

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

Postage

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

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F
2

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Payee address			City;	State;	Zip Code	Amount (\$)
10/1/2003	Grant Martin Consulting	P.O. Box 667307 Houston, TX 77266-7307			Houston	TX	77266-7307	\$500.00

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

Filing Fee

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

Candidate / Officeholder name Office sought Office held

Date	Payee Name	Payee address			City;	State;	Zip Code	Amount (\$)
10/1/2003	Grant Martin Consulting	P.O. Box 667307 Houston, TX 77266-7307			Houston	TX	77266-7307	\$56.50

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

Credit Card Processing Fees

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

Candidate / Officeholder name Office sought Office held

Schedule F Report Total: \$41,236.25

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

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

EMILY's List

ADDRESS (number and street) 1120 Connecticut Avenue NW

X (Check if address is changed) Ste 1100

Washington DC 20036

COMMITTEE'S E-MAIL ADDRESS CITY STATE ZIP CODE

cfines@emilyslist.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.emilyslist.org

2. DATE 07 / 24 / 2003

3. FEC IDENTIFICATION NUMBER C00193433

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

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

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

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

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

Name of Candidate _____

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

(e) This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office use only

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

EMILY's List

ADDRESS (number and street) 1120 Connecticut Avenue NW

X (Check if address is changed) Ste 1100 Washington DC 20036

COMMITTEE'S E-MAIL ADDRESS CITY STATE ZIP CODE

cfines@emilyslist.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.emilyslist.org

2. DATE 07 / 24 / 2003

3. FEC IDENTIFICATION NUMBER C00193433

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

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

Type or Print Name of Treasurer Joseph Solmonese

Signature of Treasurer Electronically Filed by Joseph Solmonese Date 07 / 24 / 2003

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Table with 4 columns and 2 rows for Office Use Only.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-504-110

FEC FORM 1 (Revised 1/2001)

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

Date 9/4/03 Eileen J. Canavan Deputy Assistant Staff Director For Disclosure

Write or Type Committee Name

EMILY's List

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 Amy Gilbert

Mailing Address Gilbert & Wolfand
2201 Wisconsin Avenue
Washington DC 20007

Title or Position ▼ Accountant CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 202 342 6000

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 Joseph Solmonese

Mailing Address 1120 Connecticut Avenue NW
Ste 1100
Washington DC 20036

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 202 326 1400

Full Name of Designated Agent Caroline C. Fines

Mailing Address 1120 Connecticut Avenue. NW
Ste 1100
Washington DC 20036

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 202 326 1400

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

DTG: JG: CNY

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

GAY AND LESBIAN VICTORY FUND

ADDRESS (Print or type) (Check if address is changed)

1705 DeSales Street, NW

5th Floor

WASHINGTON

DC

20036

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

victory@victoryfund.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.victoryfund.org

2. DATE 03 28 2003

3. FEC IDENTIFICATION NUMBER C00251835

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

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

Type or Print Name of Treasurer Charles A. Wolfe

Signature of Treasurer Electronically Filed by Charles A. Wolfe

Date 03 28 2003

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

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

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

Name of Candidate _____

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

(e) This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

GAY AND LESBIAN VICTORY FUND

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

Full Name Charles A. Wolfe

Mailing Address 1705 De Sales Street NW 5th Fl.

Washington DC 20036
CITY STATE ZIP CODE

Title or Position Treasurer Telephone number _____

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

Full Name of Treasurer Charles A. Wolfe

Mailing Address 1705 De Sales Street NW 5th Fl.

Washington DC 20036
CITY STATE ZIP CODE

Title or Position Treasurer Telephone number _____

Full Name of Designated Agent Curt Finkelmeyer

Mailing Address 1705 DeSales Street, NW
5th Floor

Washington DC 20036
CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number _____

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

Name of Bank, Depository, etc.

	Adams National Bank		
Mailing Address	1501 K Street NW		
	Washington DC 20005		
	CITY Δ	STATE Δ	ZIP CODE Δ

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

Name of Bank, Depository, etc.

[ADDITIONAL]

Citibank

Mailing Address **P.O. Box 19748**

Washington **DC** **20036**

CITY Δ STATE Δ ZIP CODE Δ

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY Δ STATE Δ ZIP CODE Δ

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

_____ Telephone number _____



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

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

Signed:

Chuck Wolfe
Chuck Wolfe

Dated:

10/2/03

1705 DeSales Street NW, Suite 500
Washington, DC 20036
voice: 202.842.8679 Fax: 202.289.3863
victory@victoryfund.org www.victoryfund.org

Paid for and authorized by the Gay & Lesbian Victory Fund. Contributions are not tax-deductible.

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. **NAME OF COMMITTEE IN FULL**
 International Longshoremen's Association, AFL-CIO;
 Committee on Political Education

2. **DATE**
 5/18/94

3. **FEC IDENTIFICATION NUMBER**
 C000158576

4. **IS THIS STATEMENT AN AMENDMENT**
 YES NO

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
- (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.
 - (d) This committee is a _____ (National, State or subordinate) committee of the _____ Party (Democratic, Republican, etc.)
 - (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
International Longshoremen's Association, AFL-CIO	17 Battery Place New York, NY 10004	Connected

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 Robert E. Gleason	Mailing Address 17 Battery Place New York, NY 10004	Title or Position Treasurer
--------------------------------	---	--------------------------------

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 Robert E. Gleason	Mailing Address 17 Battery Place New York, NY 10004	Title or Position Treasurer
--------------------------------	---	--------------------------------

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.	Mailing Address and ZIP Code
Marine Midland Bank	17 Battery Place, NY, NY 10004
Gotham Savings Bank Coven & Co.	1412 Broadway, NY, NY 10018
Prudential Securities	Financial Sgr., NY, NY 10005 200 Campus Dr., Florham Park, NJ 07932

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

TYPE OR PRINT NAME OF TREASURER: Robert E. Gleason

SIGNATURE OF TREASURER: *[Handwritten Signature]*

DATE: 5/19/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.