

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)

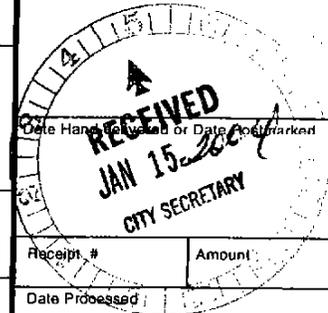
2 Total pages filed:
41

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

Date Hand Delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 523-1762

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

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

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 524-8595

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
10 / 26 / 03 THROUGH 12 / 31 / 03

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston City Council at Large, Position 4

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Sue Lovell

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

18 CONTRIBUTION TOTALS

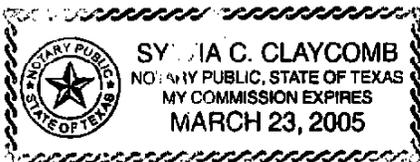
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,560.70
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 17,755.65
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT



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

Sue Lovell
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SUE LOVELL, this the 15TH day of JANUARY, 2004, to certify which, witness my hand and seal of office.

Sylvia C. Claycomb
Signature of officer administering oath

SYLVIA C. CLAYCOMB
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: 9	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bob Slagle	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 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC MaryJo Moffett Wilson	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael Howard Laster	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 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael V. Bodin	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 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Katherine A. Caldwell	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):	

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: 9	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/27/2003	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 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bill Brannon	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 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Theresa Daniel	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 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linda Shoemaker	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 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James F. Dausch	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)**

The Instruction Guide explains how to complete this form.

 1 Total pages this schedule A1: **9**

 2 FILER NAME: **Sue Lovell**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edward B. Vinson	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 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Laurence C Siegel	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 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Steven Jacobsen	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 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Thomas E Frost	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 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harris County Women's Political Caucus (HCWPC)	7 Amount of contribution (\$): \$900.00	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: 9	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James P Whitcome	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 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ronald Ray Wilson	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 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Wanda Alston	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 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Roland Garcia Jr.	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 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jerry Milton Blum	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: 9	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Adrian Neil Havens	7 Amount of contribution (\$): \$300.00	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 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bruce Woolley	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 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barry E. Hanly	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 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul F Albert	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 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carl A. Fillichio	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: 9	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patricia L Goldsmith	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 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alan G Arnold	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 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Chris A Kaczmarek	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 10/30/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Police Patrolmen's Union - FOP Lodge 109	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 10/30/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Frank B. Campisi	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 9	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael B. Good	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 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Anita Faye Renteria	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 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Unallocated Misc. Cash Donation \$50 or less	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 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Thomas J. Coleman Jr.	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 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Leah Kay Lynch McFadden	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)**

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2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael V. Bodin	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Don Lovell	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 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kathy L. Herrera	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] TX			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC K. T. McLeaish	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 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Virginia Cicely Wynne	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):	

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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: 9	
2 FILER NAME: Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC R. Kirk Oatman	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 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gay or Lesbian Dollars PAC	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 11/23/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Garnet F. Coleman Campaign	7 Amount of contribution (\$): \$1,235.70	8 In kind contribution (if applicable): Paid Phone Calls
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

Schedule A1 Report Total: \$10,560.70

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F 5	
FILER NAME Sue Lovell				ACCOUNT # (Ethics Commission filers)	
Date 10/27/2003	Payee Name Rindy Miller Media			Amount (\$) \$10,000.00	
	Payee address	City;	State;	Zip Code	
	501 N IH 35, Studio 115	Austin	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 10/30/2003	Payee Name Grant Martin Consulting			Amount (\$) \$224.00	
	Payee address	City;	State;	Zip Code	
	P.O. Box 667307	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		
Date 10/31/2003	Payee Name Bank of America			Amount (\$) \$37.61	
	Payee address	City;	State;	Zip Code	
	1905 West Gray	Houston	TX	77005	
Purpose of payment (See instructions regarding type of information required) Banking Charges			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 11/13/2003	Payee Name Grant Martin Consulting			Amount (\$) \$263.60	
	Payee address	City;	State;	Zip Code	
	P.O. Box 667307	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		

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.		Total pages Schedule F 5	
FILER NAME Sue Lovell		ACCOUNT # (Ethics Commission filers)	
Date 11/13/2003	Payee Name Grant Martin Consulting	Amount (\$)	
	Payee address P.O. Box 667307	City; Houston	State; Zip Code TX 77266-7307
Purpose of payment (See instructions regarding type of information required) Newspaper Advertising		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/13/2003	Payee Name Grant Martin Consulting	Amount (\$)	
	Payee address P.O. Box 667307	City; Houston	State; Zip Code 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 11/13/2003	Payee Name Grant Martin Consulting	Amount (\$)	
	Payee address P.O. Box 667307	City; Houston	State; Zip Code TX 77266-7307
Purpose of payment (See instructions regarding type of information required) Signs		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/13/2003	Payee Name Grant Martin Consulting	Amount (\$)	
	Payee address P.O. Box 667307	City; Houston	State; Zip Code TX 77266-7307
Purpose of payment (See instructions regarding type of information required) Volunteer Refreshments		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

5

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Payee address	City;	State;	Zip Code	Amount (\$)
11/13/2003	Grant Martin Consulting	P.O. Box 667307	Houston	TX	77266-7307	\$184.40
Purpose of payment (See instructions regarding type of information required)		T-Shirts				
		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held				
11/13/2003	Grant Martin Consulting	P.O. Box 667307	Houston	TX	77266-7307	\$50.00
Purpose of payment (See instructions regarding type of information required)		HISD North & Fiesta Mart Community Parade - Sponso				
		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held				
11/13/2003	Grant Martin Consulting	P.O. Box 667307	Houston	TX	77266-7307	\$4,000.00
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				
11/13/2003	Grant Martin Consulting	P.O. Box 667307	Houston	TX	77266-7307	\$51.67
Purpose of payment (See instructions regarding type of information required)		Hot Shot Messenger Service - delivery to Sprint Di				
		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held				

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Revised 09/01/2003

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

5

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 11/13/2003	Payee Name Grant Martin Consulting	Amount (\$) \$111.07
	Payee address P.O. Box 667307	City; State; Zip Code Houston TX 77266-7307
Purpose of payment (See instructions regarding type of information required) Supplies		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/13/2003	Payee Name Grant Martin Consulting	Amount (\$) \$191.59
	Payee address P.O. Box 667307	City; State; Zip Code 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
Date 11/13/2003	Payee Name Grant Martin Consulting	Amount (\$) \$21.32
	Payee address P.O. Box 667307	City; State; Zip Code Houston TX 77266-7307
Purpose of payment (See instructions regarding type of information required) Internet / Website Expense		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/13/2003	Payee Name Grant Martin Consulting	Amount (\$) \$246.50
	Payee address P.O. Box 667307	City; State; Zip Code Houston TX 77266-7307
Purpose of payment (See instructions regarding type of information required) Continental Airlines - Fundraising Travel		** 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**

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Payee address			City;	State;	Zip Code	Amount (\$)
12/8/2003	Grant Martin Consulting	P.O. Box 667307			Houston	TX	77266-7307	\$577.21
Purpose of payment (See instructions regarding type of information required)					** Complete if direct expenditures to benefit C/OH **			
Printing & Postage					Candidate / Officeholder name		Office sought	Office held

Schedule F Report Total:

\$17,755.65

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

Sue Lovell

2 ACCOUNT # (Ethics Commission file)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

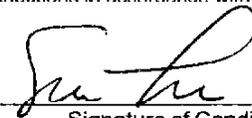
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder