

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX;	APT / SUITE #; CITY; STATE; ZIP CODE
6 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER EXTENSION
9 REPORT TYPE			
<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED		Month Day Year	Month Day Year
11 ELECTION		ELECTION DATE	ELECTION TYPE
12 OFFICE		OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
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 _____			
<input type="checkbox"/> additional pages			

OFFICE USE ONLY

Date Received:

Date Hand-Carried: _____ Date Imaged: _____

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

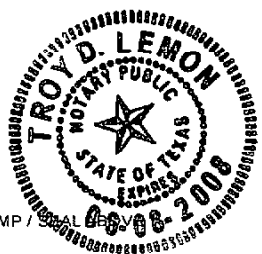
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME SUE LOVELL	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,389.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,117.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL

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 16th day of JANUARY, 20 07, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 1

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 7/28/2006	Payee Name Aisha Savoy	Payee address 4700 Wenda Street #237			City; Houston	State; TX	Zip Code 77033	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information (required)) City Council staff exp					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 8/3/2006	Payee Name Kaye Marvins Photography	Payee address 4401 Montrose			City; Houston	State; TX	Zip Code 77006	Amount (\$) \$79.50
Purpose of payment (See instructions regarding type of information (required)) Photography					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 8/4/2006	Payee Name Aisha Savoy	Payee address 4700 Wenda Street #237			City; Houston	State; TX	Zip Code 77033	Amount (\$) \$490.00
Purpose of payment (See instructions regarding type of information (required)) City Council staff exp					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 8/25/2006	Payee Name Aisha Savoy	Payee address 4700 Wenda Street #237			City; Houston	State; TX	Zip Code 77033	Amount (\$) \$421.00
Purpose of payment (See instructions regarding type of information (required)) City Council staff exp					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			

POLITICAL EXPENDITURES**SCHEDULE F**

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Total pages Schedule F

Page 2

FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 8/28/2006	Payee Name Villa Arcos				Amount (\$)
Payee address		City;	State;	Zip Code	\$115.00
3009 Navigation		Houston	TX	77003	
Purpose of payment (See instructions regarding type of information required) City Council Breakfast		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 9/7/2006	Payee Name Verizon Wireless				Amount (\$)
Payee address		City;	State;	Zip Code	\$307.00
Post Office Box 660108		Dallas	TX	75266-0108	
Purpose of payment (See instructions regarding type of information required) Telephone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 9/8/2006	Payee Name Aisha Savoy				Amount (\$)
Payee address		City;	State;	Zip Code	\$702.00
4700 Wenda Street #237		Houston	TX	77033	
Purpose of payment (See instructions regarding type of information required) City Council staff exp		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 9/22/2006	Payee Name Cintas				Amount (\$)
Payee address		City;	State;	Zip Code	\$378.01
6707 W Sam Houston Pkwy N		Houston	TX	77041	
Purpose of payment (See instructions regarding type of information required) Staff shirts		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

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FILER NAME

Sue Lovell

ACCOUNT # (Ethics Commission filers)

Date 9/22/2006	Payee Name Aisha Savoy	Payee address 4700 Wenda Street #237			City; Houston	State; TX	Zip Code 77033	Amount (\$) \$154.50
Purpose of payment (See instructions regarding type of information (required)) City Council staff exp					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 9/22/2006	Payee Name Braeswood Democrats	Payee address 4046 Drummond			City; Houston	State; TX	Zip Code 77025	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information (required)) Sponsorship					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 10/6/2006	Payee Name Aisha Savoy	Payee address 4700 Wenda Street #237			City; Houston	State; TX	Zip Code 77033	Amount (\$) \$400.00
Purpose of payment (See instructions regarding type of information (required)) City Council staff exp					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 10/11/2006	Payee Name Hubert Vo Campaign	Payee address P.O. Box 2227			City; Alief	State; TX	Zip Code 77411	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information (required)) Contribution					** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.				Total pages Schedule F Page 4	
FILER NAME Sue Lovell				ACCOUNT # (Ethics Commission filers)	
Date 10/23/2006	Payee Name Aisha Savoy	Payee address 4700 Wenda Street #237			Amount (\$) \$450.00
		City; Houston	State; TX	Zip Code 77033	
Purpose of payment (See instructions regarding type of information required) City Council staff exp			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 11/9/2006	Payee Name Garnet Coleman Campaign	Payee address P. O. Box 88140			Amount (\$) \$100.00
		City; Houston	State; TX	Zip Code 77288	
Purpose of payment (See instructions regarding type of information required) Contribution			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 11/9/2006	Payee Name Jose Soto	Payee address 501 Peden #2			Amount (\$) \$33.15
		City; Houston	State; TX	Zip Code 77006	
Purpose of payment (See instructions regarding type of information required) Reimb for supplies			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 11/9/2006	Payee Name Aisha Savoy	Payee address 4700 Wenda Street #237			Amount (\$) \$250.00
		City; Houston	State; TX	Zip Code 77033	
Purpose of payment (See instructions regarding type of information required) City Council staff exp			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.					Total pages Schedule F Page 5	
FILER NAME Sue Lovell					ACCOUNT # (Ethics Commission filers)	
Date 11/9/2006	Payee Name Villa Arcos				Amount (\$)	
	Payee address 3009 Navigation	City; Houston	State; TX	Zip Code 77003	\$165.00	
Purpose of payment (See instructions regarding type of information required) City Council Breakfast				** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 11/29/2006	Payee Name Ellen Cohen Campaign				Amount (\$)	
	Payee address 7670 Woodway, Suite 110	City; Houston	State; TX	Zip Code 77063	\$250.00	
Purpose of payment (See instructions regarding type of information required) Contribution				** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 12/16/2006	Payee Name Nearthown Little League				Amount (\$)	
	Payee address P.O. Box 66193	City; Houston	State; TX	Zip Code 77266	\$394.61	
Purpose of payment (See instructions regarding type of information required) Sponsorship				** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

Schedule F Report Total: \$5,389.77