

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
	Hon.	Sue	
	NICKNAME	LAST	SUFFIX
		Lovell	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE		
	1802 West Main Houston Texas 77098		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		713 520 6756	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	Ms.	Dawn	
	NICKNAME	LAST	SUFFIX
		Dancy	
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE		
	1033 Bayland Ave. Houston Texas 77009		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		713 863 9690	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month	Day	Year
	7/1/12		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	City Council - At Large Position 2		
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
7/15/2011

Date Hand-delivered or Date Postmarked

RECEIVED
NOV - 3 2015
CITY SECRETARY

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)

This box is for notice of political contributions accepted or political expenditures made 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.

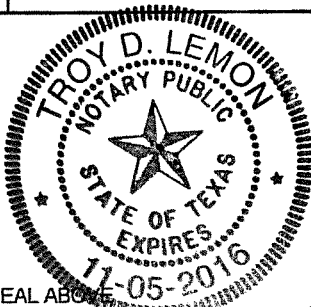
17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	179.52
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	98,329.10
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

19 AFFIDAVIT



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

Sue Lovell
Sue Lovell

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SUE LOVELL, this the 3rd day of November, 20 15, to certify which, witness my hand and seal of office.

Troy D. Lemon
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total Pages	
2 FILER NAME Sue Lovell		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$		\$0.00	
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC(ID# <u> </u>)	9 Loan Amount (\$)	
6 Is Lender a Financial Institution?	8 Lender address; City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)	
	17 Guarantor address; City; State; Zip Code		
19 Principal Occupation		20 Employer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if lender is out-of-state PAC, please see instruction guide for additional reporting requirements			

POLITICAL EXPENDITURES		SCHEDULE F	
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F:	2 FILER NAME Sue Lovell	3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/20/12 - 12/20/12	5 Payee name BANK OF AMERICA		
6 Amount (\$) 29.92 per month = 179.52	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE Maintenance Fee on Account	(a) Category	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	office sought	office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			