

# 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

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED  
NOV - 3 2015  
CITY SECRETARY

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR FIRST MI  
Hon. Sue Lovell

NICKNAME LAST SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT/SUITE #: CITY: STATE: ZIP CODE  
1802 West Main  
Houston Texas 77098

Change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
713 520 6756

6 CAMPAIGN TREASURER NAME

MS/MRS/MR FIRST MI  
Ms. Dawn Dancy

NICKNAME LAST SUFFIX

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

January 15  30th day before election  Final report (Attach C/OH - FR)  Exceeded \$500 limit  
 July 15  6th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year 11/1/2013 THROUGH Month Day Year 7/1/2013

11 ELECTION

ELECTION DATE: Month Day Year  
ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE OFFICE HELD (if any) City Council - At Large Position 2

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

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)

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)

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

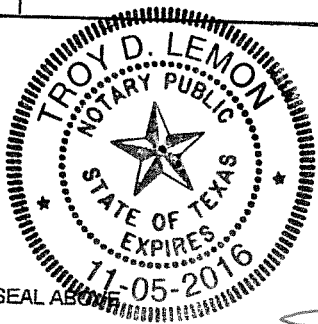
CONTRIBUTION BALANCE

5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 98,149.58

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*

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:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$0.00

5 Date of loan

7 Name of lender

out of state PAC (ID# )

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

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

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

1/20/13 - 6/20/13

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

(a) Category

(b) Description (If travel outside of Texas, complete Schedule T)

Maintenance ~~PBE~~  
ON ACCOUNT

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