Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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

2 PAGE #: 1 of 10

OFFICE USE ONLY

Date Received

RECEIVED JUL 15 2005 CITY SECRETARY

Date Hand-delivered or Dated Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Hon. FIRST: Mark MI: NICKNAME: LAST: Ellis SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 3405 Edloe St, Ste 380, Houston, TX 77027
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST: Philip R MI: NICKNAME: LAST: Lehmberg SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 910 Travis St, Suite 2400, Houston, TX 77002
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER: (713) 650-8400 EXTENSION
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: 01/01/2005 THROUGH Month Day Year: 06/30/2005
11 ELECTION	ELECTION DATE Month Day Year: ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special
12 OFFICE	OFFICE HELD (if any): Houston City Council, At Large District 1 — 13 OFFICE SOUGHT (if known):
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	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:

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Ellis, Mark (Hon.)

16 ACCOUNT # (Ethics Commission filers) 2

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	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**	$ 9,425.15
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3,043.83
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

19 AFFIDAVIT

LAURAN HELMS NOTARY PUBLIC STATE OF TEXAS EXPIRES 02-27-2008

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Mark Ellis

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Mark Ellis, this the 8th day of July, 20 05, to certify which, witness my hand and seal of office.

Lauran Helms — Signature of officer administering oath

Lauran Helms — Print name of officer administering oath

Notary — Title of officer administering oath

Revised 11/05/2003

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/8 Report: 3/10

2 FILER NAME Ellis, Mark (Hon.)

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/04/2005	American Express PO Box 360001 Ft Lauderdale, FL 33336	$35.00

8 Purpose of payment (See instructions regarding type of information required.)
Administrative:Credit Card Fees

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/16/2005	Artista 800 Bagby Houston, TX 77002	$36.31

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/31/2005	Blakemore & Associates 3405 Edloe St Ste 380 Houston, TX 77027	$250.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/02/2005	Blakemore & Associates 3405 Edloe St Ste 380 Houston, TX 77027	$250.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/8 Report: 4/10

2 FILER NAME Ellis, Mark (Hon.)

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/01/2005	Blakemore & Associates 3405 Edloe St Ste 380 Houston, TX 77027	$250.00

8 Purpose of payment (See instructions regarding type of information required.)
Consulting

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/01/2005	Blakemore & Associates 3405 Edloe St Ste 380 Houston, TX 77027	$250.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/01/2005	Blakemore & Associates 3405 Edloe St Ste 380 Houston, TX 77027	$250.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/27/2005	Blakemore & Associates 3405 Edloe St Ste 380 Houston, TX 77027	$187.00

Purpose of payment (See instructions regarding type of information required.)
Officeholder:Office Supplies

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/8 Report: 5/10

2 FILER NAME Ellis, Mark (Hon.)

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
01/05/2005	Cingular PO Box 650574 Dallas, TX 75265	$161.81

8 Purpose of payment (See instructions regarding type of information required.)
Office Holder:Cellular Phone

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/04/2005	Cingular PO Box 650574 Dallas, TX 75265	$164.27

Purpose of payment (See instructions regarding type of information required.)
Office Holder:Cellular Phone

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2005	Cingular PO Box 650574 Dallas, TX 75265	$165.71

Purpose of payment (See instructions regarding type of information required.)
Office Holder:Cellular Phone

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/05/2005	Cingular PO Box 650574 Dallas, TX 75265	$162.84

Purpose of payment (See instructions regarding type of information required.)
Office Holder:Cellular Phone

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/8 Report: 6/10

2 FILER NAME Ellis, Mark (Hon.)

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/03/2005	Cingular PO Box 650574 Dallas, TX 75265	$162.81

8 Purpose of payment (See instructions regarding type of information required.)
Office Holder:Cellular Phone

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/06/2005	Cingular PO Box 650574 Dallas, TX 75265	$164.61

Purpose of payment (See instructions regarding type of information required.)
Office Holder:Cellular Phone

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/18/2005	HISD Printing Services 3830 Richmond Ave Level 4 W Houston, TX 77027	$4,625.37

Purpose of payment (See instructions regarding type of information required.)
Direct Mail:Voter Contact

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/17/2005	LePeep Restaurant 11199 Westheimer Rd Houston, TX 77042	$22.11

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/8 Report: 7/10

2 FILER NAME Ellis, Mark (Hon.)

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/04/2005	Magic Circle Republican Women's Club 5201 Austin Houston, TX 77004	$100.00

8 Purpose of payment (See instructions regarding type of information required.)
Print Advertising

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/24/2005	NWFRW 5502 Mount Royal Circle Houston, TX 77069	$100.00

Purpose of payment (See instructions regarding type of information required.)
Print Advertising

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/12/2005	Qin Dynasty 5115 Buffalo Speedway Houston, TX 77005	$30.85

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/08/2005	Randalls 5586 Weslayan St Houston, TX 77005	$43.55

Purpose of payment (See instructions regarding type of information required.)
Officeholder:Staff Appreciation

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/8 Report: 8/10

2 FILER NAME Ellis, Mark (Hon.)

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/24/2005	Randalls 5586 Weslayan St Houston, TX 77005	$83.94

8 Purpose of payment (See Instructions regarding type of information required.)
Officeholder:Staff Appreciation

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/31/2005	Rapid Delivery PO Box 571267 Houston, TX 77257	$58.55

Purpose of payment (See instructions regarding type of information required.)
Administrative:Couriers

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/30/2005	Rapid Delivery PO Box 571267 Houston, TX 77257	$11.75

Purpose of payment (See instructions regarding type of information required.)
Administrative:Couriers

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/24/2005	Rapid Delivery PO Box 571267 Houston, TX 77257	$17.51

Purpose of payment (See instructions regarding type of information required.)
Administrative:Couriers

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/8 Report: 9/10

2 FILER NAME Ellis, Mark (Hon.)

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/04/2005	Steve Radack Campaign 1131 Wirt Rd Houston, TX 77055	$500.00

8 Purpose of payment (See instructions regarding type of information required.)
Public Relations:Sponsorship

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2005	Taco Cabana 3905 Kirby Dr Houston, TX 77098	$89.34

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/29/2005	The Justice Foundation PO Box 2606 Houston, TX 77252	$500.00

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Sponsorship

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/30/2005	Tricia Gernand 1414 Castle Court #8 Houston, TX 77006	$54.13

Purpose of payment (See instructions regarding type of information required.)
Print Advertising

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/8 Report: 10/10

2 FILER NAME Ellis, Mark (Hon.)

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/11/2005	WC Management 402 W 16th St Houston, TX 77008	$697.69

8 Purpose of payment (See instructions regarding type of information required.)
Direct Mail:Voter Contact

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held: