## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

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The C/OH INSTRUCTION GUI	IDE explains how to complete this form.  1 ACCOUNT # (Ethics Commission filers) 00000003	2 PAGE # 1 of 6				
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI Mark	OFFICE USE ONLY				
NAME	NICKNAME LAST SLIFFIX Lee	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE; ZIP CODE 7670 Woodway Suite 110 Houston, TX 77063	Date Hand-delivered of Chile Postmarked  Receipt # Amount				
5 CAMPAIGN TREASURER	Ms/MRs/MR FIRST MI Mr. Alan	Date Processed				
NAME	NÍCKNAME LÁST SÚFÉIX SÚFÉIX	Date Imaged				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE;  7670 Woodway Suite 110 Houston, TX 77063	ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 978-7701					
8 REPORT TYPE	X January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year Month Day THROUGH 12/31/200	Year				
10 ELECTION	ELECTION DATE ELECTION TYPE	<del></del>				
IO EEECTION	Month Day Year Primary Runoff	General Special				
11 OFFICE	OFFICE HELD (if any)  12 OFFICE SOUGHT (if known) City Council District (	3				
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	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.					
BY OTHER INDIVIDUALS	Name					
	Address/PO Box: Apt./ Suite #: City: State: Zip Code					
additional pages						
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT:			FORM C/OH			
SUPPORT & TOTALS			Cover	COVER SHEET PG 2		
14 C/OH NAME Lee, Mark			15 ACCOUNT # 00000003	(Ethics Commission filers)		
16 NOTICE FROM	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					
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	. COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		om M.C. D.		
additional pages		CONTINUES CANDAIGN TOTAS LIDED ADDRESS		<u>.</u>		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	•			
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$	0.00		
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			0.00		
EXPENDITURE TOTALS	3. TOTAL P	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES			2,695.00		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	6,445.85		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00		
18 AFFIDAVIT	<u> </u>					
		1 swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Code	all information requ			
	BRIDGETTE DAVI My Commission Exp December 12, 20	pires ///// (				
		Signature of Co	andidate or Officeho	der		
AFFIX NOTARY S	STAMP / SEAL ABOV	$\alpha \alpha$ .		, , Li		
Sworn to and subscrib	_		, this the	// 7/2 day		
of JAMMARY, 2	:0 <u>07</u> , to cer	rtify which, witness my hand and seal of office.	4			
Briskly h	Varia	Pridactle Davis	Wotary			
Signature of officer administering oath  Print name of officer administering oath  Title of officer administering oath						

16 Purpose of travel

exas Ethics Commission P.O.Box 120	(512)46	(512)463-5800 1-800-325-8			
POLITICAL EXPENDI	TURES			S	CHEDULE F
The INSTRUCTION GUIDE explains how to com	1 PAGE #	Report	+ 6/6		
2 FILER NAME Lee, Mark		Schedule: 4/4 Report: 6/6  3 ACCOUNT # (Ethics Commission filers) 00000003			
4 Date 5 Payee name Rick Noriega Campaig			7	Amount (\$)	
	City; State; Zip Code				\$150.00
Purpose of payment (See instructions regarding type of information Sponsorships	9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name:				
		Office sought:			
Payment for travel outside Texas (comple	te boxes 10-16)	Office held:			
10 Name of person(s) traveling on whose behalf in the second of the seco				sary)	
Departure city / location	12 Departure date	13 Destination city / location 14 Arrival date			
5 Means of transportation		16 Purpose of travel			
5 Payee name U S Postmaster		1		7	Amount (\$)
12/18/2006 <b>6</b> Payee address; 2950 Unity Dr Houston, TX 77057	City; State; Zip Code				\$195.00
Purpose of payment (See instructions regarding type of information Postage & Mailing	required.)	9 · · Complete if direct Candidate / Officehol		lefit Candi	date/Officeholder ***
·		Office sought:			
Payment for travel outside Texas (complet	e boxes 10-16)	Office held:			
Name of person(s) traveling on whose behalf t	he expenditure for travel	was made (attach additi	onal pages if necess	ary)	
1 Departure city / location	12 Departure date	13 Destination city / k	ion city / location		14 Arrival date
5 Means of transportation		16 Purpose of travel			