

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Lee, Mark	15 ACCOUNT # (Ethics Commission filers) 00000003
------------------------	-----------------------------------------------------

16 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. ...


<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
---------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

additional pages

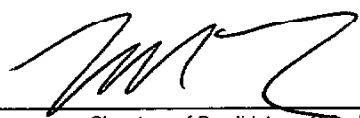
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,695.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,445.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

18 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.

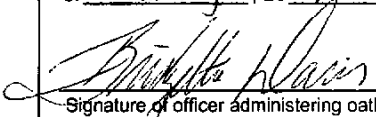


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Mark Lee, this the 11th day of January, 2007, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Bridgette Davis

Print name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/6	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 10/10/2006	5 Payee name Chris Bell Campaign 6 Payee address; City; State; Zip Code 6524 San Felipe PMB 441 Houston, TX 77057	7 Amount (\$) \$1,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date 09/21/2006	5 Payee name Friends of Hubert Vo 6 Payee address; City; State; Zip Code P.O. Box 2227 Alief, TX 77411	7 Amount (\$) \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 4/6	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 09/12/2006	5 Payee name Harris County Democratic Party 6 Payee address: City: State: Zip Code 1445 N. Loop W. Suite 110 Houston, TX 77008	7 Amount (\$) \$500.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships-Johnson Rayburn Dinner <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date 10/10/2006	5 Payee name Jim Henley Campaign 6 Payee address: City: State: Zip Code 2114 Wroxton Houston, TX 77005	7 Amount (\$) \$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/6	
2 FILER NAME Lee, Mark		3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 10/24/2006	5 Payee name Kristi Thibaut Campaign 6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	7 Amount (\$) \$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date 09/12/2006	5 Payee name Organization of Chinese Americans 6 Payee address; City; State; Zip Code PO Box 270216 Houston, TX 77277	7 Amount (\$) \$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 4/4 Report: 6/6	
2 FILER NAME Lee, Mark				3 ACCOUNT # (Ethics Commission filers) 00000003	
4 Date 09/21/2006	5 Payee name Rick Noriega Campaign			7 Amount (\$) \$150.00	
6 Payee address; City; State; Zip Code P. O. Box 230324 Houston, TX 77023					
8 Purpose of payment (See instructions regarding type of information required.) Sponsorships <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date 12/18/2006	5 Payee name U S Postmaster			7 Amount (\$) \$195.00	
6 Payee address; City; State; Zip Code 2950 Unity Dr Houston, TX 77057					
8 Purpose of payment (See instructions regarding type of information required.) Postage & Mailing <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		