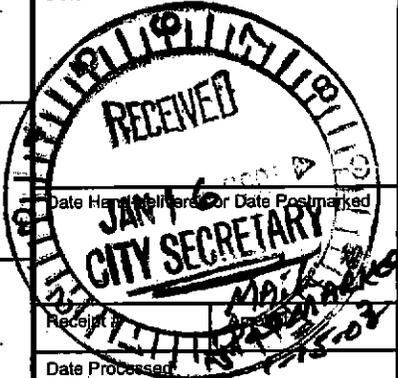


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 Total pages this report: 1/8		
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Mark	FIRST	MI	OFFICE USE ONLY	
	NICKNAME Ellis	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 7915 Leader	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston TX 77036				
5 CAMPAIGN TREASURER NAME	TITLE Philip R	FIRST	MI		
	NICKNAME Lehmborg	LAST	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);				
	2700 Post Oak Blvd Suite 200 Houston TX 77056				
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 892-4821	EXTENSION		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year		THROUGH	Month Day Year	
		07/01/2002		12/31/2002	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General
11 OFFICE	OFFICE HELD (if any) Other - Houston City Council		12 OFFICE SOUGHT (if known)		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Mark Ellis

15 ACCOUNT # (Ethics Commission filers)
2

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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

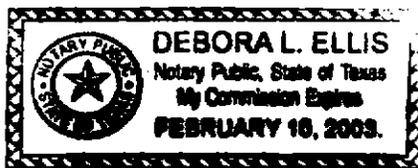
\$ 10794.25

OUTSTANDING LOAN TOTALS

5. 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.

Mark Ellis

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Ellis, this the 15th day of January, 2003, to certify which, witness my hand and seal of office.

Debora L. Ellis
Signature of officer administering oath

Debora L. Ellis
Printed 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 Total pages report: 3/8
2 FILER NAME Mark Ellis		3 ACCOUNT # (Ethics Commission filers) 2
4 Date 07/09/2002	5 Payee name Blakemore & Associates 6 Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	7 Amount (\$) 867.87
8 Purpose of expenditure (See instructions regarding type of information required.) Consult-750 Lunch Meetings-110.79 Courier-7.08		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/30/2002	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	Amount (\$) 849.30
Purpose of expenditure (See instructions regarding type of information required.) Consult -750 Campaign Lunch-16 Fee-75 Courier-8. -30		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/12/2002	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	Amount (\$) 750.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/30/2002	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	Amount (\$) 750.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting		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 Total pages report:
4/8

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date 11/01/2002	5 Payee name Blakemore & Associates 6 Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	7 Amount (\$) 750.00
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8 Purpose of expenditure (See instructions regarding type of information required.) Consulting	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/18/2002	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	Amount (\$) 1259.70
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Purpose of expenditure (See instructions regarding type of information required.) Sponsorship-1000 Staff Appreciation-259.70	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/04/2002	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	Amount (\$) 1643.19
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Purpose of expenditure (See instructions regarding type of information required.) Consult-750 Print-893.19	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 07/22/2002	Payee name Cingular Payee address; City; State; Zip Code P.O. Box 27717 Houston TX 77227	Amount (\$) 156.47
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Purpose of expenditure (See instructions regarding type of information required.) Phone Bill	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
5/8

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date 08/15/2002	5 Payee name Cingular 6 Payee address; City; State; Zip Code P.O. Box 27717 Houston TX 77227	7 Amount (\$) 157.99
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8 Purpose of expenditure (See instructions regarding type of information required.) Phone	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/02/2002	Payee name Cingular Payee address; City; State; Zip Code P.O. Box 27717 Houston TX 77227	Amount (\$) 157.14
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Purpose of expenditure (See instructions regarding type of information required.) Phone	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/14/2002	Payee name Cingular Payee address; City; State; Zip Code P.O. Box 27717 Houston TX 77227	Amount (\$) 159.50
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Purpose of expenditure (See instructions regarding type of information required.) Phone	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/07/2002	Payee name Cingular Payee address; City; State; Zip Code P.O. Box 27717 Houston TX 77227	Amount (\$) 157.34
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Purpose of expenditure (See instructions regarding type of information required.) Phone	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/8

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission files)
2

4 Date 12/10/2002	5 Payee name Cingular	7 Amount (\$) 157.07
6 Payee address; City; State; Zip Code P.O. Box 27717 Houston TX 77227		

8 Purpose of expenditure (See instructions regarding type of information required.) Phone	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 07/15/2002	Payee name Mark Ellis	Amount (\$) 158.50
Payee address; City; State; Zip Code 2200 Southwest Freeway Suite 444 Houston TX 77098		

Purpose of expenditure (See instructions regarding type of information required.) Dinner Meetings & Parking	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 09/26/2002	Payee name Mark Ellis	Amount (\$) 104.50
Payee address; City; State; Zip Code 2200 Southwest Freeway Suite 444 Houston TX 77098		

Purpose of expenditure (See instructions regarding type of information required.) Parking	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 11/12/2002	Payee name Mark Ellis	Amount (\$) 411.75
Payee address; City; State; Zip Code 2200 Southwest Freeway Suite 444 Houston TX 77098		

Purpose of expenditure (See instructions regarding type of information required.) Sponsorship-68 Lunch Meetings-273.75 Parking-70	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** Total pages report:
7/8**2** FILER NAME
Mark Ellis**3** ACCOUNT # (Ethics Commission filers)
2**4** Date
07/15/2002**5** Payee name
Martha Galvan**7** Amount
(\$)
55.00**6** Payee address; City; State; Zip Code
901 Bagby
Houston TX 77002**8** Purpose of expenditure (See instructions regarding type of information required.)
Staff Appreciation / Breakfast**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
11/13/2002Payee name
Martha GalvanAmount
(\$)
55.00Payee address; City; State; Zip Code
901 Bagby
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
Staff Appreciation / BreakfastComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
10/02/2002Payee name
Greater Houston Pachyderm ClubAmount
(\$)
40.00Payee address; City; State; Zip Code
4301 Yoakum
Houston TX 77006Purpose of expenditure (See instructions regarding type of information required.)
Membership DuesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
11/13/2002Payee name
Carolyn LayceAmount
(\$)
53.93Payee address; City; State; Zip Code
901 Bagby
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for Print AdvertisingComplete 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 Total pages report:
8/8**2** FILER NAME
Mark Ellis**3** ACCOUNT # (Ethics Commission filers)
2**4** Date
10/30/2002**5** Payee name
Kenny Rodgers**7** Amount
(\$)
500.00**6** Payee address; City; State; Zip Code
7 Beach Front Dr
P.O. Box 307
Matagorda TX 77457**8** Purpose of expenditure (See instructions regarding type of information required.)
Research**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)
1000.00

08/15/2002

San Jacinto Club

Payee address; City; State; Zip Code

Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
SponsorshipComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)
100.00

11/12/2002

Strake Jesuit Alumni Assn

Payee address; City; State; Zip Code

8900 Bellaire

Houston TX 77036

Purpose of expenditure (See instructions regarding type of information required.)
SponsorshipComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)
500.00

07/31/2002

Vision America

Payee address; City; State; Zip Code

P.O. Box 1000

Pearland TX 77588

Purpose of expenditure (See instructions regarding type of information required.)
SponsorshipComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held