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 Total pages this report: 1/23

OFFICE USE ONLY

Date Received

RECEIVED JAN 15 2004 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Mark | MI

NICKNAME | LAST: Ellis | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

7915 Leader

Houston TX 77036

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Philip R | MI

NICKNAME | LAST: Lehmberg | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2700 Post Oak Blvd
Suite 200
Houston TX 77056

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(713) 892-4821

8 REPORT TYPE

- [X] 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year

10/26/2003 THROUGH 12/31/2003

10 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Other -- Houston City Council- - Dist F

12 OFFICE SOUGHT (if known)

13 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

(Effective 12/16/1999)

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission filers)
Mark Ellis	

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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)	$ 30225.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 41236.39
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 7558.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

19 AFFIDAVIT

DEBORA L. ELLIS NOTARY PUBLIC STATE OF TEXAS EXPIRES 03-05-2007

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 14th day of January, 2004, to certify which, witness my hand and seal of office.

Debora L. Ellis	Debora L. Ellis	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 3/23

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/21/2002	Leslie L Alexander [redacted]	500.00	
9 Principal occ[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2002	Andrews & Kurth [redacted]	1000.00	
Principal occu[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	Arthur M Lincoln,Attorney at Law [redacted]	250.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Dionel E or Barbara A Aviles [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional) Aviles Engineering Corporation		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	M.D. Bailey [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 4/24

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/27/2003	George L. Ball [redacted]	1000.00	
9 Principal occ[redacted]		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/20/2003	James B or Bette M Bowers [redacted]	2500.00	
Principal occ[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Frank E or Glynis A Brooks [redacted]	500.00	
Principal occ[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/30/2003	A.J. Broussard [redacted]	50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/18/2003	Charles or Mary Burton [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 5/24

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/28/2003	Dr. Dorothy F Caram [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/26/2003	Marc C Carter [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	James L Clark [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/29/2003	Rita S Cook [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/30/2003	Franci N Crane [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 6/24

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/29/2003	Walter H Criner [redacted]	250.00	
9 Principal occu[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/2003	James D or Shirley M Dannenbaum [redacted]	1000.00	
Principal oc[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/23/2003	Ali Davari [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / e; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/30/20[redacted]	Peter A r Christina F De La Mora [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/200[redacted]	Dealers Towing [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 7/23

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/28/2003	Byron F Dyer [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/29/2003	Emergency Performance Wrecker Service [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/30/2003	Fiesta Paint,Body & Auto Glass [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Steven J Finkelman [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	Ernie Flukinger [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 8/24

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/28/2003	H Lee Godfrey [redacted]	100.00	
9 Principal occu[redacted]		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	James T or Maureen Hackett [redacted]	250.00	
Principal occupa[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/04/2003	Halliburton Company PAC [redacted]	500.00	
Principal occupa[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	Hermes Reed Architects [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Thu-Binh Si Ho [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 9/24

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/06/2003	Donald K Hollingsworth [redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/29/2003	Independent Electrical Contractors PAC [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/30/2003	James R Jard [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/29/2003	A.L. Keller [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/23/2003	Stuart Kensinger [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional) Kensinger & Co.		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 10/24

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/29/2003	Richard or Donna King [redacted]	250.00	
9 Principal occup[redacted]		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	LAN-PAC [redacted]	500.00	
Principal occup[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/2003	Harry E Mach [redacted]	200.00	
Principal occupa[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Kyle R Martin [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	Miller's Auto & Body Repair [redacted]	250.00	
Principal occu[redacted]		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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1 Total pages this report: 11/24

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/01/2003	J Art Morales [redacted]	250.00	
9 Principal occu[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	PBS & J PAC - Texas [redacted]	500.00	
Principal occ[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/19/2003	Robert Pelton [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/29/2003	Charles L or Jeanette H Rash,Sr [redacted]	250.00	
Principal occupa[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/01/20[redacted]	Elizabeth Goodwin Reese [redacted]	25.00	
Principal oc[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 12/24

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/23/2003	Royce Builders [redacted]	5000.00	
9 Principal occu[redacted] (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/200[redacted]	Don A Sanders [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/18/2003	J. R. Schoelpple [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/23/200[redacted]	Barry E Silverman [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/30/20[redacted]	Hinda Simon [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 13/24

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/28/2003	Southwest Airlines 6 [redacted] City; State; Zip Code	250.00	
9 Principal occ[redacted]		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/24/2003	Robert or Donna Stahlhut [redacted] City; State; Zip Code	25.00	
Principal occu[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	Chad Creighton Sweet [redacted] City; State; Zip Code	200.00	
Principal occupa[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	Jesse Tanner [redacted] City; State; Zip Code	500.00	
Principal occup[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/18/2003	K.B. or Ruth O. Thayer [redacted] City; State; Zip Code	25.00	
Principal occu[redacted]		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 14/24

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/29/2003	Kenneth W Ulmer [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	Union Pacific Corp Fund [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☒ out-of-state PAC(ID#C00119008) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/01/2003	Waste Management PAC [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/200[redacted]	J. Frederick Welling [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/200[redacted]	Westchase PAC [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 15/24

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/21/2003	E.P. or Raye G White 6 [redacted] State; Zip Code	100.00	
9 Principal occu[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Tom Winkelmann Contributor address; City; State; Zip Code [redacted]	100.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/26/2003	James W Woodruff [redacted] State; Zip Code	250.00	
Principal occu[redacted]	Employer (Optional)		

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 16/23

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/03/2003	A&E Products,Inc P.O. Box 27286 Houston TX 77227	6247.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Signs:Yard Signs & 4x8

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 ($)
11/03/2003	ABS Fax Technologies,Inc 2401 Fountainview Ste 818 Houston TX 77057	93.14

Purpose of expenditure (See instructions regarding type of information required.)
Fundraising:Invitations

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 ($)
11/14/2003	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	6963.76

Purpose of expenditure (See instructions regarding type of information required.)
Consult-2500Admin:Courier-68.90ElectronicMedia:P - roduction-1000Fundraising:Facilities-3394.86

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 ($)
11/25/2003	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	1000.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 17/23

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/15/2003	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	262.34

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

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 ($)
12/30/2003	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	50.07

Purpose of expenditure (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 ($)
12/15/2003	Casa Grande 3401 N Main St Houston TX 77009	39.99

Purpose of expenditure (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 ($)
11/06/2003	Cingular P.O. Box 27717 Houston TX 77227	160.16

Purpose of expenditure (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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 18/23

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/05/2003	Cingular P.O. Box 27717 Houston TX 77227	160.16

8 Purpose of expenditure (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 ($)
12/05/2003	Drexlers 2300 Pierce St Houston TX 77003	1400.00

Purpose of expenditure (See instructions regarding type of information required.)
Officeholder:Election Night Party

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 ($)
12/18/2003	Eckerd Drugs 5343 West Bellfort Houston TX 77035	76.60

Purpose of expenditure (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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/10/2003	John Elford 1818 Bering #13 Houston TX 77057	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Misc.Communications:T-Shirts

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: 19/23

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/27/2003	Ralph Garcia 2810 Leeland Houston TX 77003	4000.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Signs:Yard Signs & 4x8

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 ($)
10/30/2003	Ralph Garcia 2810 Leeland Houston TX 77003	250.00

Purpose of expenditure (See instructions regarding type of information required.)
Signs:Yard Signs & 4x8

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 ($)
11/24/2003	Tricia Gernand 1404 Richmond Ave #314 Houston TX 77006	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Fundraising:Invitation

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 ($)
12/23/2003	HLSR P.O. Box 1562 Houston TX 77251	50.00

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

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: 20/23

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/10/2003	Harvest Time Church 7515 West Montgomery Houston TX 77091	100.00

8 Purpose of expenditure (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 ($)
10/27/2003	Jewish Herald - Voice P.O. Box 153 Houston TX 77001-0153	1920.00

Purpose of expenditure (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 ($)
11/10/2003	Carolyn Lacye 9330 Colt Canyon Lane Houston TX 77089	2000.00

Purpose of expenditure (See instructions regarding type of information required.)
Contract Labor

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 ($)
11/06/2003	Minuteman Press 50 Briar Hollow Lane Ste 180 West Houston TX 77027	793.84

Purpose of expenditure (See instructions regarding type of information required.)
Direct Mail:Voter Contact-Poll Cards

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: 21/23

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/31/2003	Minuteman Press 50 Briar Hollow Lane Ste 180 West Houston TX 77027	1602.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Fundraising:Invitations

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 ($)
12/18/2003	Office Depot 3443 Kirby Houston TX 77098	10.22

Purpose of expenditure (See instructions regarding type of information required.)
Office Holder:Office Supplies

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 ($)
10/27/2003	Pamela Baity & Associates 9613 Kinder Houston TX 77051	2080.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/27/2003	Pamela Baity & Associates 9613 Kinder Houston TX 77051	4768.00

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

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 Total pages report: 22/23

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/30/2003	Pamela Baity & Associates 9613 Kinder Houston TX 77051	720.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/03/2003	SWP Printers 1055 Conrad Sauer Houston TX 77043	1845.66

Purpose of expenditure (See instructions regarding type of information required.)
Direct Mail:Voter Contact-Push Cards

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 ($)
11/03/2003	Tribe Design 5555 Morningside Dr Ste 202 Houston TX 77005	54.13

Purpose of expenditure (See instructions regarding type of information required.)
Direct Mail:Voter Contact-Poll Cards

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 ($)
12/22/2003	US Postal Service Greenbriar Houston TX 77098	74.00

Purpose of expenditure (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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 23/23

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/03/2003	WC Management 402 West 16th St Houston TX 77008	145.34

8 Purpose of expenditure (See instructions regarding type of information required.)
Direct Mail:Voter Contact-Walk List

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 ($)
12/31/2003	WC Management 402 West 16th St Houston TX 77008	1873.47

Purpose of expenditure (See Instructions regarding type of information required.)
Fundraising:Invitations

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