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: 1/31

OFFICE USE ONLY

Date Received: 4 RECEIVED JUL 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: (713) | PHONE NUMBER: 892-4821 | EXTENSION

8 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)

9 PERIOD COVERED

Month Day Year: 01/01/2004 THROUGH Month Day Year: 06/30/2004

10 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Other – HoustonCityCouncila - Large Pos#1

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 12/10/1999)

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: Mark Ellis

16 ACCOUNT # (Ethics Commission filers)

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)	$ 46350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 37514.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 16738.47
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

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 July, 2004, 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

Printed on recycled paper

Revised 09/01/2003

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: 3/31

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)
01/12/2004 [redacted]	Stanford or Joan Alexander [redacted] City; State; Zip Code	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004 [redacted]	Allen Boone Humphries LLP [redacted] State; Zip Code	500.00	
Principal occ[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/12/2004 [redacted]	Deborah J Anders [redacted] 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)
01/08/2004 [redacted]	Andrews & Kurth [redacted] City; State; Zip Code	1000.00	
Principal occup[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/07/2004 [redacted]	John S. Amoldy [redacted] State; Zip Code	100.00	
Principal occ[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: 4/31

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission files)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/08/2004	Arthur M Lincoln,Attorney at Law [redacted]ity; State; Zip Code	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☒ out-of-state PAC(ID# C00128512)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/31/2004	Bank One Corp PAC [redacted]ity; State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/22/200[redacted]	Riecke Baumann [redacted]ity; State; Zip Code	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/23/2004	Daniel or Beth Bellow [redacted]y; State; Zip Code	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/06/200[redacted]	Philip L Berman [redacted]ty; State; Zip Code	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: 5/31

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission Use) 2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/27/2004	Gerald M Brady [redacted]	500.00	
9 Principal [redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/19/2004	Brian Brand [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 ($)	In-kind contribution description (if applicable)
01/15/2004	Peter Hoyt Brown [redacted]	250.00	
Principal oc[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Burney and Foreman,Attorneys at Law [redacted]	200.00	
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)
01/27/2004	CDMPAC [redacted]	250.00	
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: 6/31

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)
01/19/2004	Paul Carter 6 Contributor address; [redacted] City; State; Zip Code	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/12/2004	Centerpoint Energy PAC [redacted] City; State; Zip Code	2000.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Joseph M. Chernow [redacted] City; State; Zip Code	1000.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Cindy L Clifford Contributor address; [redacted] City; State; Zip Code	250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/16/2004	Coats Rose PAC [redacted] City; State; Zip Code	1000.00	
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: 7/31

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)
01/27/2004	Garnet F. Coleman [redacted] State; Zip Code	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Rita S Cook [redacted] City; State; Zip Code	150.00	
Principal occu[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	James D or Shirley M Dannenbaum [redacted] City; State; Zip Code	1000.00	
Principal occ[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/16/2004	Dean G Pappas and Associates,P.C. [redacted] City; State; Zip Code	1000.00	
Principal occu[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/24/2004	James H. & Dorothy Denike [redacted] City; State; Zip Code	25.00	
Principal occup[redacted]		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: 8/31

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 ($)	8 In-kind contribution description (if applicable)
02/05/2004	Darryl or Terri Elliot [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Richard B. & Lani Fletcher [redacted]	100.00	
Principal occ[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/03/2004	James W. Fonteno,Jr. [redacted]	250.00	
Principal occup[redacted]		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/10/2004	Paul M or Barbara L Frison [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)
02/06/2004	Charles E Frost,Jr [redacted]	250.00	
Principal occupa[redacted]		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 9/31

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 ($)	8 In-kind contribution description (if applicable)
01/16/2004	Fulbright & Jaworski,L.L.P. [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	C.M. Garver [redacted]	1000.00	
Principal occupation (Optional)	Investments	Employer (Optional)	BRH-Garber,Inc
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Guy William Gaskey [redacted]	500.00	
Principal occupation (Optional)	[redacted]	Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Vesta Rea- Gaubert [redacted]	150.00	
Principal occupation (Optional)	[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)
03/01/2004	Ramesh & Laxmi Gunda [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: 10/31

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 ($)	8 In-kind contribution description (if applicable)
01/06/2004	Louis Gusemano 6 Contributor address; City; State; Zip Code [redacted]	100.00	
9 Principal occupation (Optional) [redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/13/2004	H T Land Company Contributor address; City; State; Zip Code [redacted]	100.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/16/2004	Vickie L or Lyle E Henkel Contributor address; City; State; Zip Code [redacted]	250.00	
Principal occu[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/12/2004	Henson-Ford Contributor address; City; State; Zip Code [redacted]	2500.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/09/2004	Hermes Architects [redacted]y; State; Zip Code [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

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: 11/31

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 ($)	8 In-kind contribution description (if applicable)
01/17/2004	Home-PAC/Greater Houston Builders Association [redacted]	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/13/2004	Hoover Slovacek,L.L.P. [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 ($)	In-kind contribution description (if applicable)
01/27/2004	James B. & Elizabeth T. Hostetler [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Interloop Auto Storage [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)
03/04/2004	Larry D. Johnson [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this report: 12/31

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 ($)	8 In-kind contribution description (if applicable)
01/27/2004	Joseph A. Johnston [redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/13/2004	Sidney A or Doris L Johnston [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 ($)	In-kind contribution description (if applicable)
01/21/2004	Patricia K. Joiner [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/07/2004	A.L. Keller [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)
01/20/2004	Richard or Donna King [redacted]	150.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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 ($)	8 In-kind contribution description (if applicable)
01/13/2004	Hemachandra Prasad Kolluru [redacted]	250.00	
9 Principal occu[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/05/2004	Dale & Nancy Kornegay [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 ($)	In-kind contribution description (if applicable)
01/08/2004	W.D. Kvinta [redacted]	250.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/12/2004	John H. & Regina F. Kyles [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)
02/27/2004	LT Communications LLC [redacted]	250.00	
Principal occup[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 14/31

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)
01/19/2004	Robert H. Lightfoot 6 Contributor address; City; State; Zip Code [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/22/2004	Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code [redacted]	1000.00	
Principal occupation		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Albert Luna,III Contributor address; City; State; Zip Code [redacted]	500.00	
Principal occupation		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/12/2004	Daniel F Lynch Contributor address; City; State; Zip Code [redacted]	500.00	
Principal occupation		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/13/2004	Mayer,Brown,Rowe & Maw City; State; Zip Code [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: 15/31

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 ($)	8 In-kind contribution description (if applicable)
01/27/2004	Jesus E Marin or Dina A Medley [redacted]te; Zip Code	50.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/07/2004	Monshaugen & Van Huff PC [redacted] State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Stephen P. Munisteri [redacted] State; Zip Code	100.00	
Principal occupa[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/16/2004	Walter Negley [redacted]City; State; Zip Code	500.00	
Principal occupat[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Thomas D. O'Grady [redacted]te; Zip Code	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: 16/31

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)
01/27/2004	OUTDOOR P.A.C. [redacted]ate; Zip Code	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/16/2004	PAC Winstead Sechrest & Minick PC [redacted]ate; Zip Code	1000.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/04/2004	Parsons Corporation PAC [redacted]State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/17/2004	William B or Janet L Patterson [redacted]y; State; Zip Code	50.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Charles L or Jeanette H Rash,Sr [redacted]y; State; Zip Code	500.00	
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: 17/31

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 ($)	8 In-kind contribution description (if applicable)
01/12/2004	Chris Richardson [redacted] State; Zip Code	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/31/2004	Mark E Sacra [redacted] City; State; Zip Code	250.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/15/2004	Schechter McElwee & Shaffer LLP [redacted] City; State; Zip Code	250.00	
Principal occu[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/26/2004	Richard R Scott [redacted] City; State; Zip Code	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/01/2004	Sharene L. & Michael W. Scully [redacted] State; Zip Code	1000.00	
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: 18/31

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)
01/27/20[redacted]	James M. & Sharon Shanahan [redacted] State; Zip Code	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/05/2004	Loree Ann Shanon [redacted] State; Zip Code	500.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/07/2004	Charles W Shears [redacted] State; Zip Code	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/19/2004	Barbara & Louis S. Sklar [redacted] City; State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/30/2004	Dudley & Charity Smith [redacted] City; State; Zip Code	500.00	
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: 19/31

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)
01/27/2004	Barry or Marijane Smitherman Contributor address: City: State; Zip Code [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Barry or Marijane Smitherman State; Zip Code [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Sparks-Barlow-Barnett State; Zip Code [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/03/2004	Melvin G. & Gail Spinks Contributor address: City: State; Zip Code [redacted]	250.00	
Principal occup[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/06/2004	Jon N Strange State; Zip Code [redacted]	500.00	
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: 20/31

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)
01/22/2004	John H. & Bridget R. Styles,Jr. [redacted]	1000.00	

9 Principal occupation [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)
01/22/2004	John H Styles [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)
02/15/2004	TREPAC/Texas Association of Realtors PAC [redacted]	1000.00	

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)
01/21/2004	TSC Fund [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)
01/20/2004	TX Friends of Time Warner Cable [redacted]	1000.00	

Principal occupa[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: 21/31

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)	9 Principal occupation (Optional)	10 Employer (Optional)
01/17/2004	Edward E. Taravella	[redacted]	500.00		[redacted]	
01/27/2004	Turner,Collie & Braden PAC	[redacted]	500.00		[redacted]	
01/20/2004	Kenneth W Ulmer	[redacted]	250.00		[redacted]	
01/29/2004	Vinson & Elkins PAC	[redacted]	1000.00		[redacted]	Vinson & Elkins PAC
01/27/2004	David G Walden	[redacted]	500.00		[redacted]	

Principal occupation (Optional): Attorneys

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: 22/31

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission Use)
2

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/27/2004	J. Frederick Welling [redacted] State; Zip Code	250.00	

9 Principal occupation (Optional)

10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2004	Chris K Wilmot [redacted] State; Zip Code	500.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/02/2004	O.S. Wyatt,Jr. Contributor address; City; State; Zip Code [redacted]	500.00	

Principal occupation (Optional)

Employer (Optional)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 23/31

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 ($)
01/30/2004	A&E Products,Inc P.O. Box 27286 Houston TX 77227	105.54

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 ($)
01/19/2004	ABS Fax Technologies,Inc 2401 Fountainview Ste 818 Houston TX 77057	218.07

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 ($)
01/19/2004	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/30/2004	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	20886.64

Purpose of expenditure (See instructions regarding type of information required.)
Consult-15750 Fundraising:Facilities-1128.09 Fees-4 - 000 Admin:Couriers-8.55

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: 24/31

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission Use Only)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/13/2004	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	11.75

8 Purpose of expenditure (See instructions regarding type of information required.)
Administrative:Courier

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 ($)
02/25/2004	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/31/2004	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	657.59

Purpose of expenditure (See instructions regarding type of information required.)
Consulting-750 Print Advertising-69.11 Direct Mail-38 - .48

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 ($)
04/28/2004	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	1050.00

Purpose of expenditure (See instructions regarding type of information required.)
Consulting-750 Professional Services-300

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: 25/31

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 ($)
05/13/2004	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	884.00

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 ($)
05/26/2004	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/30/2004	Blakemore & Associates 3405 Edloe St Ste 380 Houston TX 77027	804.29

Purpose of expenditure (See instructions regarding type of information required.)
Consult-750 Print Advertising-54.29

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 ($)
01/19/2004	Cingular P.O. Box 27717 Houston TX 77227	161.63

Purpose of expenditure (See instructions regarding type of information required.)
Officeholder:Cell Phone

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: 26/31

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 ($)
02/04/2004	Cingular P.O. Box 27717 Houston TX 77227	163.86

8 Purpose of expenditure (See instructions regarding type of information required.)
Officeholder:Cell 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 ($)
03/09/2004	Cingular P.O. Box 27717 Houston TX 77227	161.37

Purpose of expenditure (See instructions regarding type of information required.)
Officeholder:Cell 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 ($)
04/05/2004	Cingular P.O. Box 27717 Houston TX 77227	159.90

Purpose of expenditure (See instructions regarding type of information required.)
Officeholder:Cell 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 ($)
05/05/2004	Cingular P.O. Box 27717 Houston TX 77227	160.18

Purpose of expenditure (See instructions regarding type of information required.)
Officeholder:Cell Phone

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: 27/31

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission files)
2

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/15/2004	Cingular P.O. Box 27717 Houston TX 77227	163.79

8 Purpose of expenditure (See instructions regarding type of information required.)
Officeholder:Cell 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 ($)
03/26/2004	Daughters of Liberty 10670 Northbrook Houston TX 77043	20.00

Purpose of expenditure (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 ($)
05/04/2004	Daughters of Liberty 10670 Northbrook Houston TX 77043	500.00

Purpose of expenditure (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 ($)
03/05/2004	Drexlers 2300 Pierce St Houston TX 77003	29.62

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 28/31

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 ($)
01/19/2004	Mark Ellis 2200 Southwest Freeway Suite 444 Houston TX 77098	155.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Officeholder:Travel Reimbursement

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 ($)
05/17/2004	Mark Ellis 2200 Southwest Freeway Suite 444 Houston TX 77098	315.25

Purpose of expenditure (See instructions regarding type of information required.)
Officeholder:Travel Reimbursement

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 ($)
03/10/2004	Martha Galvan 1123 Gardendale Houston TX 77018	75.00

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 ($)
02/06/2004	Tricia Gernand 1404 Richmond Ave #314 Houston TX 77006	54.13

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

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: 29/31

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 ($)
02/25/2004	Harris County Republican Party 3311 Richmond Ave Ste 210 Houston TX 77098	500.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Public Relations:Sponsorship-Lincoln Day

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 ($)
03/23/2004	Harris County Republican Party 3311 Richmond Ave Ste 210 Houston TX 77098	1000.00

Purpose of expenditure (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 ($)
01/02/2004	Houston's Restaurant 4848 Kirby Houston TX 77098	178.09

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 ($)
01/02/2004	Houston's Restaurant 4848 Kirby Houston TX 77098	61.85

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 30/31

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 ($)
03/15/2004	Magic Circle Republican Women 5201 Austin Houston TX 77004	100.00

8 Purpose of expenditure (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 ($)
01/19/2004	Minuteman Press 50 Briar Hollow Lane Ste 180 West Houston TX 77027	5146.65

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 ($)
02/12/2004	OULAS Baseball 4406 Elser Houston TX 77009	100.00

Purpose of expenditure (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 ($)
05/26/2004	Randalls 12555 Westheimer Houston TX 77077	11.16

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 31/31

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 ($)
05/26/2004	Randalls 12555 Westheimer Houston TX 77077	58.46

8 Purpose of expenditure (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 ($)
02/12/2004	St Francis DeSales 8200 Roos Houston TX 77036	500.00

Purpose of expenditure (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 ($)
05/12/2004	Tony Mandola's Rest 1962 West Gray Houston TX 77019	46.00

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 ($)
01/19/2004	WC Management 402 West 16th St Houston TX 77008	1428.90

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