

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME **Mark Goldberg**

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

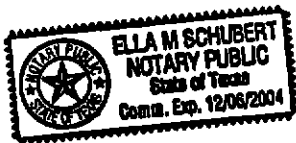
17 NO REPORTABLE ACTIVITY

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	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$23,521.00
EXPENDITURE TOTALS	
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$131.48
4. TOTAL POLITICAL EXPENDITURES	\$9,246.42
OUTSTANDING LOAN TOTALS	
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 Goldberg
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Goldberg, this the 15th day of July, 2002, to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
Print name of officer administering oath

Notary public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 4
FILER NAME: Mark Goldberg	ACCOUNT # (Ethics Commission filers)

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC TREPAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-5-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ansun PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-21-2002	Full name of contributor <input type="checkbox"/> out of state PAC Bob Perry	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	


Date 2-21-2002	Full name of contributor <input type="checkbox"/> out of state PAC Doylene Perry	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	


Date 2-21-2002	Full name of contributor <input type="checkbox"/> out of state PAC Sam Barbar	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	


**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**


SCHEDULE A1
(FOR FORMS C/OH & SPAC)


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FILER NAME: Mark Goldberg	ACCOUNT # (Ethics Commission filers)

Date 2-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC Texas Coalition for Good Government	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ricky Kamins	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC Linebarger, Heard, Goggan, Blair, Graham, Peña & Sampson, LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mark Lee Boyer	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Gerald M. Brady	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

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FILER NAME: Mark Goldberg	ACCOUNT # (Ethics Commission filers)

Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC W.M. B. Wilkerson, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Vidal Martinez	Amount of contribution (\$) \$321.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Lawrence W. Hill	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Michael Stevens	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Brian P. Cweren	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 4
FILER NAME: Mark Goldberg	ACCOUNT # (Ethics Commission filers)

Date 3-1-2002	Full name of contributor <input type="checkbox"/> out of state PAC David F. Martinez	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jim Fonteno, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Houston Firefighters PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Fred Meyer	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available) Campaign office space
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 4
FILER NAME: Mark Goldberg	ACCOUNT #: (Ethics Commission filers)

Date	Payee name	Payee address	Amount (\$)
1-9-2002	Barry Kaplan	2208 Tangley Houston, TX 77005	\$500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name	Payee address	Amount (\$)
1-9-2002	Sprint PCS	6809 Southwest Frwy. Houston, TX 77074	\$75.00
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expense			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name	Payee address	Amount (\$)
1-14-2002	Jewish Federation of Greater Houston	5603 S. Braeswood Houston, TX 77096	\$100.00
Purpose of expenditure (See instructions regarding type of information required.) Event tickets			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name	Payee address	Amount (\$)
2-9-2002	Sprint PCS	6809 Southwest Frwy. Houston, TX 77074	\$75.00
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expense			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name	Payee address	Amount (\$)
3-6-2002	WC Management	402 West 16th Street Houston, TX 77008	\$6,034.94
Purpose of expenditure (See instructions regarding type of information required.) Printing			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

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FILER NAME: Mark Goldberg	ACCOUNT #: (Ethics Commission filers)

Date	Payee name Payee address	Amount (\$)
3-9-2002	Sprint PCS 6809 Southwest Frwy. Houston, TX 77074	\$75.00
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
3-26-2002	Parker PTO 10626 Atwell Houston, TX 77096	\$150.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
4-2-2002	Parker PTO 10626 Atwell Houston, TX 77096	\$100.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
4-9-2002	Sprint PCS 6809 Southwest Frwy. Houston, TX 77074	\$75.00
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
4-15-2002	University of Houston Graduate School of Social Work 237 Social Work Building Houston, TX 77204-4013	\$250.00
Purpose of expenditure (See instructions regarding type of information required.) Event tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 4
FILER NAME: Mark Goldberg	ACCOUNT #: (Ethics Commission filers)

Date	Payee name Payee address	Amount (\$)
5-9-2002	Sprint PCS 6809 Southwest Frwy. Houston, TX 77074	\$75.00
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
5-20-2002	Multiple Sclerosis Society 8111 N. Stadium Drive, Suite 100 Houston, TX 77054	\$150.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
5-24-2002	Holocaust Musuem 5401 Caroline Houston, TX 77004	\$250.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
6-9-2002	Sprint PCS 6809 Southwest Frwy. Houston, TX 77074	\$75.00
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
6-13-2002	Jewish Herald Voice 3403 Audley Houston, TX 77098	\$395.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 4
FILER NAME: Mark Goldberg	ACCOUNT #: (Ethics Commission filers)

Date	Payee name Payee address	Amount (\$)
6-13-2002	Leadership Houston 3015 Richmond Ave. Houston, TX 77098	\$150.00
Purpose of expenditure (See instructions regarding type of information required.) Event tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
6-25-2002	EST International Travel 6776 Southwest Frwy. Houston, TX 77074	\$510.00
Purpose of expenditure (See instructions regarding type of information required.) Conference travel expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

Date	Payee name Payee address	Amount (\$)
6-30-2002	Sprint PCS 6809 Southwest Frwy. Houston, TX 77074	\$75.00
Purpose of expenditure (See instructions regarding type of information required.) Cell phone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held