

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 2	2 Total pages this report: 1/8
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mark	OFFICE USE ONLY Date Received <b>RECEIVED</b> JAN 18 2005 SECRETARY Coker Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX Ellis		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7915 Leader Houston TX 77036	Receipt # Amount	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Philip R	Date Processed	
	NICKNAME LAST SUFFIX Lehberg	Date Imaged	
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	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07/01/2004    12/31/2004		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name	Address/PO Box; Apt. / Suite #; City; State; Zip Code	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 4215.01

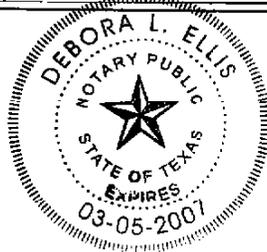
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 12488.46

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Mark Ellis*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Ellis, this the 18<sup>th</sup> day of January, 2005, to certify which, witness my hand and seal of office.

*Debora L. Ellis*  
Signature of officer administering oath

Debora L. Ellis  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** Total pages report:  
3/8**2** FILER NAME  
Mark Ellis**3** ACCOUNT # (Ethics Commission filers)  
2**4** Date  
09/02/2004**5** Payee name  
Bay Area Republican Women**7** Amount  
(\$)  
100.00**6** Payee address; City; State; Zip Code  
8 Adler Circle  
Galveston TX 77551**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 heldDate  
11/09/2004Payee name  
Beck PrimeAmount  
(\$)  
33.61Payee address; City; State; Zip Code  
910 Travis  
Houston TX 77002Purpose of expenditure (See instructions regarding type of information required.)  
Public Relations:MealsComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
07/30/2004Payee name  
Blakemore & AssociatesAmount  
(\$)  
261.75Payee address; City; State; Zip Code  
3405 Edloe St  
Ste 380  
Houston TX 77027Purpose of expenditure (See instructions regarding type of information required.)  
Consulting-250Admin:Courier-11.75Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
08/30/2004Payee name  
Blakemore & AssociatesAmount  
(\$)  
304.13Payee address; City; State; Zip Code  
3405 Edloe St  
Ste 380  
Houston TX 77027Purpose of expenditure (See instructions regarding type of information required.)  
Consulting-250 Print Advertising-54 13Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
4/8

2 FILER NAME  
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)  
2

4 Date  
09/30/2004

5 Payee name  
Blakemore & Associates

7 Amount  
(\$)  
250.00

6 Payee address; City; State; Zip Code  
3405 Edloe St  
Ste 380  
Houston TX 77027

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  
10/26/2004

Payee name  
Blakemore & Associates

Amount  
(\$)  
250.00

Payee address; City; State; Zip Code  
3405 Edloe St  
Ste 380  
Houston TX 77027

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  
11/30/2004

Payee name  
Blakemore & Associates

Amount  
(\$)  
250.00

Payee address; City; State; Zip Code  
3405 Edloe St  
Ste 380  
Houston TX 77027

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  
12/29/2004

Payee name  
Blakemore & Associates

Amount  
(\$)  
250.00

Payee address; City; State; Zip Code  
3405 Edloe St  
Ste 380  
Houston TX 77027

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

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

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
5/8

2 FILER NAME  
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)  
2

4 Date  
07/15/2004

5 Payee name  
Cingular

7 Amount  
(\$)  
162.05

6 Payee address; City; State; Zip Code  
P.O. Box 27717  
Houston TX 77227

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

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

Date  
08/03/2004

Payee name  
Cingular

Amount  
(\$)  
163.35

Payee address; City; State; Zip Code  
P.O. Box 27717  
Houston TX 77227

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  
09/13/2004

Payee name  
Cingular

Amount  
(\$)  
163.12

Payee address; City; State; Zip Code  
P.O. Box 27717  
Houston TX 77227

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  
10/08/2004

Payee name  
Cingular

Amount  
(\$)  
161.81

Payee address; City; State; Zip Code  
P.O. Box 27717  
Houston TX 77227

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

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
6/8

2 FILER NAME  
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)  
2

4 Date 11/05/2004	5 Payee name Cingular	7 Amount (\$) 162.03
6 Payee address; City; State; Zip Code P.O. Box 27717 Houston TX 77227		

8 Purpose of expenditure (See instructions regarding type of information required.) Office Holder:Cellular Phone	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought      Office held
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Date 12/07/2004	Payee name Cingular	Amount (\$) 165.77
Payee address; City; State; Zip Code P.O. Box 27717 Houston TX 77227		

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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Date 11/16/2004	Payee name Lea Ellis	Amount (\$) 225.00
Payee address; City; State; Zip Code 11938 Drexel Hill Houston TX 77074		

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement of Auction Item - St Frances De Sales	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought      Office held
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Date 12/06/2004	Payee name Mark Ellis	Amount (\$) 337.00
Payee address; City; State; Zip Code 2200 Southwest Freeway Suite 444 Houston TX 77098		

Purpose of expenditure (See instructions regarding type of information required.) Office Holder:Travel Reimbursement	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought      Office held
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# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
7/8

2 FILER NAME  
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)  
2

4 Date  
10/08/2004

5 Payee name  
GHCFRW PAC

7 Amount  
(\$)  
250.00

6 Payee address; City; State; Zip Code  
c/o Marilyn McMurty  
5318 Willowbend  
Houston TX 77096

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  
07/20/2004

Payee name  
Martha Galvan

Amount  
(\$)  
75.00

Payee address; City; State; Zip Code  
1123 Gardendale  
Houston TX 77018

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  
12/06/2004

Payee name  
Houston Coalition For Life

Amount  
(\$)  
100.00

Payee address; City; State; Zip Code  
P.O. Box 301094  
Houston TX 77230

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  
09/29/2004

Payee name  
Loki Florist

Amount  
(\$)  
64.95

Payee address; City; State; Zip Code  
910 Louisiana  
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)  
Office Holder:Flowers & Gifts

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:  
8/8

2 FILER NAME  
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)  
2

4 Date 11/08/2004	5 Payee name Randalls	7 Amount (\$) 49.20
6 Payee address; City; State; Zip Code 12555 Westheimer Houston TX 77077		

8 Purpose of expenditure (See instructions regarding type of information required.) Office Holder:Miscellaneous	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/08/2004	Payee name St Francis DeSales	Amount (\$) 225.00
Payee address; City; State; Zip Code 8200 Roos Houston TX 77036		

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
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Date 10/20/2004	Payee name St Francis DeSales	Amount (\$) 135.00
Payee address; City; State; Zip Code 8200 Roos Houston TX 77036		

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
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Date 11/09/2004	Payee name Taco Cabana	Amount (\$) 76.24
Payee address; City; State; Zip Code 11880 Bissonnett Houston TX 77099		

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