

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)
00000004

2 PAGE #
1 of 12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Mark
.....
NICKNAME LAST SUFFIX
Lee

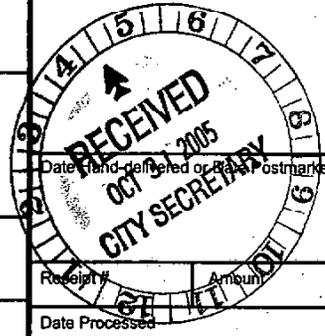
OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6524 San Felipe, PMB 124
Houston, TX 77057

Change of Address



Date (hand-delivered or postmarked)

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Alan
.....
NICKNAME LAST SUFFIX
Guttman

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7670 Woodway, Ste. 110
Houston, TX 77063

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 978-7701

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 6th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
09/30/2005 10/29/2005

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/08/2005

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Houston City Council, Dist. C

14 NOTICE OF 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Lee, Mark (Mr.)

16 ACCOUNT # (Ethics Commission filers)
00000004

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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.	\$	300.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,475.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	7,430.47
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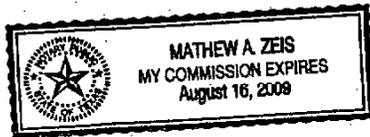
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	31,788.85
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,000.00
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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 Lee

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Lee, this the 31 day of October, 2005, to certify which, witness my hand and seal of office.

Matthew A. Zeis
Signature of officer administering oath

Matthew A. Zeis
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/7 Report: 3/12	
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Al Green for Congress	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brasington, David	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77059105			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Chen, Susan	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cheng, Teh	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 770711207			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dao-Gibner, Lethuy	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 770053723			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/7 Report: 4/12	
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Delgado, Hector	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] El Paso, TX 799011443			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eichhom, Roger	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77020			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Elfant, Bruce	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Austin, TX 787221021			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Foster, Charles	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 770064013			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Foteh, Samir	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/7 Report: 5/12	
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Go, Carol	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Houston, TX 77025			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Goodman, Steven	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Sugar Land, TX 774792611			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hawkins, Victoria	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 770353146			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hoar, Thomas	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Katy, TX 774502930			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hu, Daniel	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 770251219			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/7 Report: 6/12	
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/06/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jin, Les 6 Contributor address; City; State; Zip Code Washington, DC 200083455	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/21/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lai, Eugene Contributor address; City; State; Zip Code Houston, TX 770051816	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lee, Judy Contributor address; City; State; Zip Code Houston, TX 770052744	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lee, Judy Contributor address; City; State; Zip Code Houston, TX 770052744	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lee, Mark Contributor address; City; State; Zip Code Houston, TX 77005	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/7 Report: 7/12	
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/03/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lee, Sharon 6 Contributor address; City; State; Zip Code Houston, TX 770963307	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Liang, Shen Contributor address; City; State; Zip Code Houston, TX 77063	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lin, Lola Contributor address; City; State; Zip Code Houston, TX 77061013	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McCormick, James Contributor address; City; State; Zip Code Houston, TX 77061013	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rosenberg, Bob Contributor address; City; State; Zip Code Houston, TX 77061013	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/7 Report: 8/12	
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/06/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rousmaniere, Chia-Li	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Houston, TX 770053624			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Solomon, Keith	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77000			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tang, James	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 770053219			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Timmaraju, Rukmini	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Sugar Land, TX 77479			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tran, Trang	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 770022200			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/7 Report: 9/12	
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 10/06/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tyger, Vernon 6 Contributor address: _____ City; State; Zip Code Houston, TX 77005	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Williams, Wright Contributor address: _____ City; State; Zip Code Houston, TX 770251104	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wong, Daisy Contributor address: _____ City; State; Zip Code Houston, TX 77042	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wong, Russell Contributor address: _____ City; State; Zip Code Houston, TX 770691901	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 11/12
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000004
4 Date 10/20/2005	5 Payee name Amegy Bank 6 Payee address; City; State; Zip Code 1057 Augusta Houston, TX 77057	7 Amount (\$) \$3.50
8 Purpose of payment (See instructions regarding type of information required.) Bank Service Charges		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/20/2005	Payee name Baptist Ministers Association Payee address; City; State; Zip Code 109 East Whitney #118 Houston, TX 77022	Amount (\$) \$800.00
Purpose of payment (See instructions regarding type of information required.) Sponsorships		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/14/2005	Payee name Corran, Amy L. Payee address; City; State; Zip Code 15708 Seavale Houston, TX 77062	Amount (\$) \$600.00
Purpose of payment (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 10/24/2005	Payee name Houston Black American Democrats Payee address; City; State; Zip Code PO Box 2893 Houston, TX 77252	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Sponsorships		** 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 PAGE # Schedule: 2/2 Report: 12/12
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000004
4 Date 10/05/2005	5 Payee name Lone Star Strategies 6 Payee address; City; State; Zip Code 7670 Woodway, Ste. 110 Houston, TX 77063	7 Amount (\$) \$2,809.36
8 Purpose of payment (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 10/14/2005	Payee name Sprint Digital Print Payee address; City; State; Zip Code 10101 Clay, Ste. C Houston, TX 77079	Amount (\$) \$1,477.61
Purpose of payment (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/18/2005	Payee name U S Postmaster Payee address; City; State; Zip Code 2950 Unity Dr. Houston, TX 77063	Amount (\$) \$370.00
Purpose of payment (See instructions regarding type of information required.) Postage & Mailing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/26/2005	Payee name U S Postmaster Payee address; City; State; Zip Code 2950 Unity Dr. Houston, TX 77063	Amount (\$) \$370.00
Purpose of payment (See instructions regarding type of information required.) Postage & Mailing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: