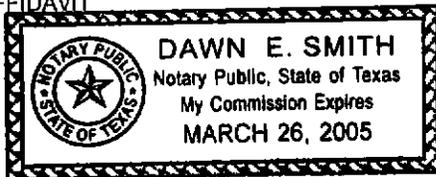


CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Mark Ellis	15 ACCOUNT # (Ethics Commission filers) 2															
16 NOTICE FROM POLITICAL COMMITTEE(S)	<p>.. 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. ..</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> additional pages</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	<input type="checkbox"/> additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS							
COMMITTEE TYPE	COMMITTEE NAME															
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS															
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME															
<input type="checkbox"/> additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS															
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)															
18 CONTRIBUTION TOTALS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; padding: 5px;">1.</td> <td style="width:70%; padding: 5px;">TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td> <td style="width:25%; padding: 5px; text-align: right;">\$ 0.00</td> </tr> <tr> <td style="padding: 5px;">2.</td> <td style="padding: 5px;">TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="padding: 5px; text-align: right;">\$ 8500.00</td> </tr> <tr> <td style="padding: 5px;">3.</td> <td style="padding: 5px;">TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED</td> <td style="padding: 5px; text-align: right;">\$ 0.00</td> </tr> <tr> <td style="padding: 5px;">4.</td> <td style="padding: 5px;">TOTAL POLITICAL EXPENDITURES</td> <td style="padding: 5px; text-align: right;">\$ 36284.24</td> </tr> <tr> <td style="padding: 5px;">5.</td> <td style="padding: 5px;">TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="padding: 5px; text-align: right;">\$ 0.00</td> </tr> </table>	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)	\$ 8500.00	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00	4.	TOTAL POLITICAL EXPENDITURES	\$ 36284.24	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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)	\$ 8500.00														
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4.	TOTAL POLITICAL EXPENDITURES	\$ 36284.24														
5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00														
EXPENDITURE TOTALS																
OUTSTANDING LOAN TOTALS																

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.

AFFIX NOTARY STAMP / SEAL ABOVE

Mark Ellis
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Mark Ellis, this the 11th day of January, 20 02, to certify which, witness my hand and seal of office.

Dawn E. Smith
Signature of officer administering oath

Dawn E. Smith
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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: 3/12	
2 FILER NAME Mark Ellis		3 ACCOUNT # (Ethics Commission files) 2	
4 Date 11/05/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) S.C. or Shirley Beyer 6 Contributor address; City; State; Zip Code ██████████ ██████████	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/30/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Burns Bail Bonds Contributor address; City; State; Zip Code 600 Houston ██████████ ██████████	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/08/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Chris or Sophia S Demopoulos Contributor address; City; State; Zip Code ██████████ ██████████	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/05/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) R David Gockley Contributor address; City; State; Zip Code ██████████ ██████████	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/05/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James T or Maureen Hackett Contributor address; City; State; Zip Code ██████████ ██████████	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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: 4/12	
2 FILER NAME Mark Ellis		3 ACCOUNT # (Ethics Commission filers) 2	
4 Date 12/31/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eunice Sung-Yu Or Robert Kuen-Chaung Lai	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12/31/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joseph E. Lorino	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 11/05/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Harry E. Mach	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 11/05/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Richard B. Mayor	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 12/31/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John L or Barbara B. Nau, III	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 5/12	
2 FILER NAME Mark Ellis		3 ACCOUNT # (Ethics Commission files) 2	
4 Date 11/20/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PHCG Investments 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/30/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PageSoutherlandPage LLP Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/31/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joe Pryzant Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/14/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Don Smith Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Attorneys		Employer (Optional) Don Smith & Associates	
Date 10/30/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tom Strain Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 6/12	
2 FILER NAME Mark Ellis		3 ACCOUNT # (Ethics Commission filers) 2	
4 Date 12/14/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dale R Kornegay or Gilbert M Turner	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/05/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Union Pacific Corp Fund	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] DC 20005			
Principal occupation (Optional)		Employer (Optional)	
Date 11/05/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Uptown Houston PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston TX 77056			
Principal occupation (Optional)		Employer (Optional)	
Date 10/30/2001	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC(ID# C00119008) Waste Management PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Washington DC 20004			
Principal occupation (Optional)		Employer (Optional)	
Date 12/31/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Richard W Weekley	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston TX 77056			
Principal occupation (Optional)		Employer (Optional)	

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: 7/12	
2 FILER NAME Mark Ellis		3 ACCOUNT # (Ethics Commission filers) 2	
4 Date 11/05/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) West Gulf Maritime Association 6 Contributor address; City; State; Zip Code Houston TX 77029	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/05/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Westchase PAC Contributor address; City; State; Zip Code Houston TX 77242-2611	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/31/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ronald W. Woliver Contributor address; City; State; Zip Code Houston TX 77056	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 8/12
2 FILER NAME Mark Ellis		3 ACCOUNT # (Ethics Commission filers) 2
4 Date 10/31/2001	5 Payee name Blakemore & Associates 6 Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	7 Amount (\$) 4679.07
8 Purpose of expenditure (See instructions regarding type of information required.) Consult-\$2500 Print-\$1746.07 Design-\$433		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/15/2001	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	Amount (\$) 5265.41
Purpose of expenditure (See instructions regarding type of information required.) Mail-\$1171.74Print-\$2629.21Design-\$1353.13Courier-\$59.65Postage-\$51.68		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/30/2001	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	Amount (\$) 2420.06
Purpose of expenditure (See instructions regarding type of information required.) Print-\$1751.06 Postage-\$155.82 Courier-\$13.18 Con - sult-\$500		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/20/2001	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	Amount (\$) 7500.00
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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
9/12

2 FILER NAME
Mark Ellis

3 ACCOUNT # (Ethics Commission filers)
2

4 Date 12/31/2001	5 Payee name Blakemore & Associates 6 Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	7 Amount (\$) 4738.33
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8 Purpose of expenditure (See instructions regarding type of information required.) Campaign-\$322.20Courier-\$59.54Print-\$8.12Design--\$541.25Mail-\$3057.22Consult-\$750	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/04/2001	Payee name Cingular Payee address; City; State; Zip Code P.O. Box 27717 Houston TX 77227	Amount (\$) 321.29
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Purpose of expenditure (See instructions regarding type of information required.) Phone bill	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/19/2001	Payee name Crisis Pregnancy Center Central Payee address; City; State; Zip Code 3636 San Jacinto Houston TX 77004	Amount (\$) 1000.00
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Purpose of expenditure (See instructions regarding type of information required.) Table for event	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/29/2001	Payee name Mark Ellis Payee address; City; State; Zip Code 4301 Yoakum Houston TX 77006	Amount (\$) 125.00
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Purpose of expenditure (See instructions regarding type of information required.) Campaign Workers	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: 10/12
2 FILER NAME Mark Ellis		3 ACCOUNT # (Ethics Commission filers) 2
4 Date 11/19/2001	5 Payee name Mark Ellis <hr/> 6 Payee address; City; State; Zip Code 4301 Yoakum Houston TX 77006	7 Amount (\$) 104.97
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign Lunches-\$89.97 Parking-\$15		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/19/2001	Payee name Martha Galvan <hr/> Payee address; City; State; Zip Code 1123 Gardendale Houston TX 77019	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Breakfast meeting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/01/2001	Payee name Harris County Republican Party <hr/> Payee address; City; State; Zip Code 6161 SW Freeway Houston TX 77025	Amount (\$) 2000.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/05/2001	Payee name Houston Livestock Show and Rodeo <hr/> Payee address; City; State; Zip Code P.O. Box 20070 Houston TX 77225-0070	Amount (\$) 58.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 11/12
2 FILER NAME Mark Ellis		3 ACCOUNT # (Ethics Commission filers) 2
4 Date 10/29/2001	5 Payee name Carolyn Lacye 6 Payee address; City; State; Zip Code 12184 Beamer Houston TX 77089	7 Amount (\$) 1000.00
8 Purpose of expenditure (See instructions regarding type of information required.) Newsletter		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/30/2001	Payee name Carolyn Lacye Payee address; City; State; Zip Code 12184 Beamer Houston TX 77089	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) Christmas Decorations		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/06/2001	Payee name Los Tios Mexican Restaurant Payee address; City; State; Zip Code P.O. Box 271664 Houston TX 77277	Amount (\$) 2688.91
Purpose of expenditure (See instructions regarding type of information required.) Election Party		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/30/2001	Payee name Pachyderm Club Payee address; City; State; Zip Code Houston TX 77002	Amount (\$) 40.00
Purpose of expenditure (See instructions regarding type of information required.) Membership Fee		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: 12/12
2 FILER NAME Mark Ellis		3 ACCOUNT # (Ethics Commission filers) 2
4 Date 11/15/2001	5 Payee name Kenny Rodgers 6 Payee address; City; State; Zip Code 3323 Richmond Ave Suite C Houston TX 77098	7 Amount (\$) 1250.00
8 Purpose of expenditure (See instructions regarding type of information required.) Consulting		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/14/2001	Payee name Sam Schutze Payee address; City; State; Zip Code 8018 Concho Houston TX 77036	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) Photo Session		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/30/2001	Payee name SignMart Payee address; City; State; Zip Code 8222 Lockheed Houston TX 77061	Amount (\$) 380.50
Purpose of expenditure (See instructions regarding type of information required.) Wires for Yard Signs		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/29/2001	Payee name WC Management Payee address; City; State; Zip Code 402 West 16th St Houston TX 77008	Amount (\$) 2212.70
Purpose of expenditure (See instructions regarding type of information required.) Election Mailing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held