

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 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MARK MI A NICKNAME LAST GOLDBERG SUFFIX	OFFICE USE ONLY  Date Received Date Hand-delivered POSTMARKED Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 405 Main St. Houston, Tx Suite 500 77002		
5 CAMPAIGN TREASURER NAME	TITLE FIRST Allan MI NICKNAME LAST Helfman SUFFIX	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4807 Kirby Houston, Texas 77098	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 524-3801		
8 REPORT TYPE	<input 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 checked="" 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 07/01/02 12/31/02		
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) City Council	12 OFFICE SOUGHT (if known)	
13 NOTICE OF 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

14 C/OH NAME Mark Goldberg

15 ACCOUNT # (Ethics Commission files)

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

additional pages

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

\$ - 0 -

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

\$ - 0 -

EXPENDITURE TOTALS

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

\$ 119.50

4. TOTAL POLITICAL EXPENDITURES

\$ 3514.23

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said _____, this the 15th day of January, 2003, to certify which, witness my hand and seal of office.

Troy D. Lendon
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Mark Goldberg		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/15/02	5 Payee name Houston Bar Association	7 Amount (\$) 250.00
6 Payee address; City; State; Zip Code 1001 Fannin Houston, Tx 77002		
8 Purpose of payment (See instructions regarding type of information required.) Fund raising event		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/23/02	Payee name Kelli Glanz	Amount (\$) 327.90
Payee address; City; State; Zip Code 2617 C W. Holcombe Apt. # 104 Houston, Tx 77025		
Purpose of payment (See instructions regarding type of information required.) Reimbursement for event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/28/02	Payee name Southern Star Foods	Amount (\$) 641.00
Payee address; City; State; Zip Code 7711 Claridge Houston, Tx 77071		
Purpose of payment (See instructions regarding type of information required.) Food for event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/8/02	Payee name Sprint PCS	Amount (\$) 75.00
Payee address; City; State; Zip Code P.O. Box 660092 Dallas, Tx 75266-0092		
Purpose of payment (See instructions regarding type of information required.) telephone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME **Mark Goldberg**

3 ACCOUNT # (Ethics Commission filers)

4 Date 7/29/02	5 Payee name Emery/Weiner School	7 Amount (\$) 250.00
6 Payee address; City; State; Zip Code 9825 Stella Link Houston, TX 77025		

8 Purpose of payment (See instructions regarding type of information required.) Event	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 8/10/02	Payee name Sprint PCS	Amount (\$) 75.00
Payee address; City; State; Zip Code P.O. Box Dallas, TX 660092 75266-0092		

Purpose of payment (See instructions regarding type of information required.) telephone	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 8/19/02	Payee name Emery/Weiner School	Amount (\$) 100.00
Payee address; City; State; Zip Code 9825 Stella Link Houston, TX 77025		

Purpose of payment (See instructions regarding type of information required.) advertisement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/13/02	Payee name American Red Cross	Amount (\$) 177.25
Payee address; City; State; Zip Code 2700 S.W. Freeway Houston, TX 77098		

Purpose of payment (See instructions regarding type of information required.) Donation	** 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 Schedule F:
2 FILER NAME Mark Goldberg		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/8/02	5 Payee name Sprint PCS	7 Amount (\$) 75.00
6 Payee address; City; State; Zip Code P.O. Box Dallas, TX 660092 75266-0092		
8 Purpose of payment (See instructions regarding type of information required.) telephone	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9/11/02	Payee name T Mobile	Amount (\$) 115.55
Payee address; City; State; Zip Code 5379 Westheimer Houston, TX 77056		
Purpose of payment (See instructions regarding type of information required.) telephone	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9/23/02	Payee name Seven Acres SeniorCare	Amount (\$) 65.00
Payee address; City; State; Zip Code 6200 N. Braeswood Houston, TX 77074-7599		
Purpose of payment (See instructions regarding type of information required.) event	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 10/2/2	Payee name SCC	Amount (\$) 135.00
Payee address; City; State; Zip Code 5601 Braeswood Houston, TX 77096		
Purpose of payment (See instructions regarding type of information required.) event	-- 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 Schedule F:
2 FILER NAME Mark Goldberg		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/23/02	5 Payee name Houston Livestock Show & Rodeo	7 Amount (\$) 53.03
6 Payee address; City, State; Zip Code 8701 Kirby Houston, TX 77054		
8 Purpose of payment (See instructions regarding type of information required.) advertisement	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 10/12/02	Payee name Sprint PCS	Amount (\$) 75.00
Payee address; City, State; Zip Code P.O. Box Dallas, TX 660092 75266-0092		
Purpose of payment (See instructions regarding type of information required.) telephone	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 11/8/02	Payee name Sprint PCS	Amount (\$) 75.00
Payee address; City, State; Zip Code P.O. Box Dallas, TX 660092 75266-0092		
Purpose of payment (See instructions regarding type of information required.) telephone	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 12/8/02	Payee name Sprint PCS	Amount (\$) 75.00
Payee address; City, State; Zip Code P.O. Box Dallas, TX 66092 75266-0092		
Purpose of payment (See instructions regarding type of information required.) telephone	.. 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 Schedule F:
2 FILER NAME Mark Goldberg		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/31/02	5 Payee name Jewish Herald - Voice	7 Amount (\$) 380.00
6 Payee address; City; State; Zip Code 3403 Audley Houston, TX 77098		
8 Purpose of payment (See instructions regarding type of information required.) advertisement		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/31/02	Payee name Big Brothers / Big Sisters	Amount (\$) 250.00
Payee address; City; State; Zip Code 6437 High Star Houston, TX 77074		
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/31/02	Payee name Museum of Fine Arts, Houston	Amount (\$) 100.00
Payee address; City; State; Zip Code 1001 Bissonnet Houston, TX 77005		
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/31/02	Payee name AJC	Amount (\$) 100.00
Payee address; City; State; Zip Code 3355 West Alabama Houston, Suite 930 TX 77098		
Purpose of payment (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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