Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST: Addie MI: NICKNAME LAST: Wiseman SUFFIX:
4 ORIGINAL REPORT TYPE	[✓] January 15 [ ] Runoff [ ] Other (specify) [ ] July 15 [ ] Exceeded $500 limit [ ] 30th day before election [ ] 15th day after treasurer appointment (officeholder only) [ ] 8th day before election [ ] Final report
5 ORIGINAL PERIOD COVERED	Month Day Year: 10/26/03 THROUGH Month Day Year: 12/31/03

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Legal | Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

Correction of candidate reimbursement and itemization on schedule G in the amounts of $415.95 on 11-10-03

Correction of expenditure in the amount of $496.26 to reflect primary vendor.

Correction of expenditure in the amount of $141.66 to reflect primary vendor.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

[ ] I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

GAIL DEMPSEY
MY COMMISSION EXPIRES
April 26, 2009

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by ADDIE WISEMAN this the 17 day of July, 20 06 to certify which, witness my hand and seal of office.

Gail Dempsey — Signature of officer administering oath

Gail Dempsey — Printed name of officer administering oath

Notary — Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Revised 09/23/2005

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 2

2 FILER NAME: Addie Wiseman

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/10/03	Addie Wiseman P.O. Box 26667 Kingwood, TX 77325	$415.95

8 Purpose of payment (See instructions regarding type of information required.): reimbursement

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/17/03	USPS 4025 Feather lake Way Kingwood, TX 77345	138.00

Purpose of payment (See instructions regarding type of information required.): Postage

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/17/03	USPS 4025 Feather lake Way Kingwood, TX 77345	$92.00

Purpose of payment (See instructions regarding type of information required.): Postage

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/17/03	Sprint P.O. 152046 Irving, TX 75015-2046	$266.26

Purpose of payment (See instructions regarding type of information required.): install phone lines

•• 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 of 2

2 FILER NAME: Addie Wiseman

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/13/03	Walmart 13750 East Freeway Houston, TX 77015	$62.45

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
office supplies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/13/03	Sam's 13600 East Freeway Houston, TX 77015	$79.21

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
office supplies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1 of 2

2 FILER NAME: Addie Wiseman

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
11/10/03	Stein Mart 1153 Kingwood Dr. Kingwood, TX 77339	volunteer supplies	$66.66 ☑ Reimbursement from political contributions intended
11/10/03	Randall's 600 Kingwood Dr Kingwood, TX 77339	volunteer supplies	$103.48 ☑ Reimbursement from political contributions intended
11/10/03	Party City 19739 Hwy. 59 Humble, TX 77338	volunteer supplies	$32.43 ☑ Reimbursement from political contributions intended
11/10/03	Lowe's 22600 Hwy 59 N. KINGWOOD, TX 77339	volunteer supplies	$33.80 ☑ Reimbursement from political contributions intended
11/10/03	Eckerd Drug 1350 Kingwood Dr. Kingwood, TX 77339	Volunteer supplies	$12.05 ☑ Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2 of 2

2 FILER NAME: Addie Wiseman

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
11/10/03	Academy 9805 FM 1960 E. Bypass Humble, TX 77338	Volunteer supplies	$32.48	☑
11/10/03	Oshman's 20416 Hwy. 59 N. Humble, TX 77338	volunteer supplies	$42.63	☑
11/10/03	Randall's Kingwood, TX 77338	volunteer supplies	$3.00	☑
11/10/03	Office Max 20412 US Hwy 59 N. Humble, TX 77338		$89.42	☑
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐

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