

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

FORM C/OH

Cover Sheet pg 2

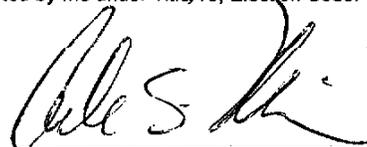
 15. C/OH NAME Addie Wiseman 16. ACCOUNT # (Ethics Commission filers)

17. NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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. ...	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURE NAME COMMITTEE CAMPAIGN TREASURE ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS UNITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	39,725.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS UNITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	12,128.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	61,758.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

19 AFFIDAVIT

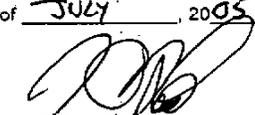
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of candidate

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said ADDIE WISEMAN, this the 15TH day
of JULY, 2005, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

TIM ONEILL
 Print name of officer administering oath

TEXAS NOTARY PUBLIC
 Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC,
SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.						1 Total pages Schedule A1 11	
2 FILER NAME Addie Wiseman						3 ACCOLINT # (Ethics Commission filers)	
4 Date 05/16/2005	5 Full Name of contributor Allén Boone Humphries LLP <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77027-		7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 06/30/2005	5 Full Name of contributor Andrews & Kurth L.L. <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002-3090		7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 05/16/2005	5 Full Name of contributor Dionel and Barbara Aviles <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77077-1942		7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 05/16/2005	5 Full Name of contributor Martin Basaldua <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Kingwood, TX 77345-		7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 05/16/2005	5 Full Name of contributor David Boehm <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479-		7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional) owner				10 Employer (Optional) NBG Constructors, Inc.			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>							

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC,
SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 05/31/2005	Full Name of contributor James C. Box Contributor address; [REDACTED] Houston, TX 77040-1315	<input type="checkbox"/> out of state PAC (ID#: _____) City: State: Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Bracewell & Giuliani Contributor address; [REDACTED] Houston, TX 77002-2/81	<input type="checkbox"/> out of state PAC (ID#: _____) City: State: Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Gerald M. Brady Contributor address; [REDACTED] Willis, TX 77378-	<input type="checkbox"/> out of state PAC (ID#: _____) City: State: Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Harry and Cindy Brooks Contributor address; [REDACTED] Humble, TX 77346-	<input type="checkbox"/> out of state PAC (ID#: _____) City: State: Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Brotherhood of Locomotive Engineers Contributor address; [REDACTED] Fort Worth, TX 76118-	<input type="checkbox"/> out of state PAC (ID#: _____) City: State: Zip Code	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC,
SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission files)	
Date 05/16/2005	Full Name of contributor Burney & Foreman Contributor address; [REDACTED] Houston, TX 77004-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor CenterPoint Energy P Contributor address; [REDACTED] Houston, TX 77210-4567	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor John W. H. Chiang Contributor address; [REDACTED] Houston, TX 77027-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Chris Claunch Contributor address; [REDACTED] Crosby, TX 77532-5701	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2005	Full Name of contributor Continental Airlines Inc. Employee Fund Contributor address; [REDACTED] Houston, TX 77002-7362	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED .

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC,
SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #:(Ethics Commission filers)	
Date 05/31/2005	Full Name of contributor Michael D. Copland-Joint Rental Contributor address; [REDACTED] Houston, TX 77081-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Tommie Crowell Contributor address; [REDACTED] Houston, TX 77062-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/31/2005	Full Name of contributor C. M. Garver Contributor address; [REDACTED] Houston, TX 77023-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Glen Gondo Contributor address; [REDACTED] Houston, TX 77082-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Suzanne Hill Contributor address; [REDACTED] Kingwood, TX 77345-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

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SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC,
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The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 05/16/2005	Full Name of contributor Ned Holmes Contributor address; [REDACTED] Houston, TX 77007-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Ned Holmes Contributor address; [REDACTED] Houston, TX 77007-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2005	Full Name of contributor Home-Pac Contributor address; [REDACTED] Houston, TX 77064- Mrs. Kathryn "Toy" Wood	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor (H A A) Better Government Fund Contributor address; [REDACTED] Houston, TX 77099-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor IEC of Houston PAC Contributor address; [REDACTED] Houston, TX 77007-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A1
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The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 05/16/2005	Full Name of contributor Louise Jefferson Contributor address; Seabrook, TX 77586-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2005	Full Name of contributor Wayne Klotz Contributor address; Houston, TX 77079-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2005	Full Name of contributor LAN-PAC Contributor address; Houston, TX 77042-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Linebarger Goggan Contributor address; Spring, TX 77380-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Meredith J. Long Contributor address; Houston, TX 77002-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
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The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission files)	
Date 05/16/2005	Full Name of contributor Michael Massa Contributor address; [REDACTED] Houston, TX 77098-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Larry Milberger Contributor address; [REDACTED] Cypress, TX 77429-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/31/2005	Full Name of contributor Richard Mobley, III Contributor address; [REDACTED] Humble, TX 77339-1896	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor R. G. Montgomery Contributor address; [REDACTED] Spring, TX 77380-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor F. William Othon Contributor address; [REDACTED] Houston, TX 77042-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**POLITICAL CONTRIBUTIONS
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SCHEDULE A1
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The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 05/16/2005	Full Name of contributor Outdoor P.A.C. Contributor address; City; State; Zip Code Houston, TX 77055-	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Bob J. Perry Contributor address; City; State; Zip Code Houston, TX 77234-	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Doylene Perry Contributor address; City; State; Zip Code Houston, TX 77058-	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Vesta Rea-Gaubert Contributor address; City; State; Zip Code Spring, TX 77379-	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor SBC Texas Employee PAC Contributor address; City; State; Zip Code Austin, TX 78701-	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**POLITICAL CONTRIBUTIONS
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SCHEDULE A1
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The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 05/16/2005	Full Name of contributor Michael Surface Contributor address; [REDACTED] Houston, TX 77098-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2005	Full Name of contributor Texas Assoc. of Realtors PAC Contributor address; [REDACTED] Austin, TX 78767-1986	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor TX Friends of Time Warner Cable Contributor address; [REDACTED] Houston, TX 77040-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2005	Full Name of contributor James F. and Susan Thompson Contributor address; [REDACTED] Houston, TX 77056-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Raymond Turner Contributor address; [REDACTED] Houston, TX 77017-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

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SCHEDULE A1
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SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 06/30/2005	Full Name of contributor Uptown Houston PAC Contributor address; [REDACTED] Houston, TX 77055-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Vinson and Elkins Texas PAC Contributor address; [REDACTED] Houston, TX 77002-6760	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Waldron & Schneider, Contributor address; [REDACTED] Tony Resendez Houston, TX 77058-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Waste Management PAC Contributor address; [REDACTED] Washington, DC 20004-	<input checked="" type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Richard W. Weekley Contributor address; [REDACTED] Houston, TX 77056-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC,
SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 06/30/2005	Full Name of contributor Gerald Wilson Contributor address; Katy, TX 77450-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2005	Full Name of contributor Winstead Sechrest & Minick P.C. PAC Contributor address; Dallas, TX 75270-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 05/16/2005	Full Name of contributor Giti Zarinkelk Contributor address; Spring, TX 77380-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date / /	Full Name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date / /	Full Name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.				1 Total pages Schedule F: 11	
2 FILER NAME Addie Wiseman				3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/10/2005		5 Payee name American Heart Association 6 Payee address; City; State; Zip Code PO Box 20448 Houston, TX 77054-0448		7 Amount (\$) 65.00	
8 Purpose of expenditure (See instructions regarding type of information required.) sponsorship				9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
4 Date 02/10/2005		5 Payee name Bay Area Republican Women PAC 6 Payee address; City; State; Zip Code 1314 Sprint Crest Lane Lillian Keeney Seabrook, TX 77586-		7 Amount (\$) 250.00	
8 Purpose of expenditure (See instructions regarding type of information required.) sponsorship				9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
4 Date 01/10/2005		5 Payee name Central Self Storage 6 Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-		7 Amount (\$) 58.61	
8 Purpose of expenditure (See instructions regarding type of information required.) storage				9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
4 Date 05/05/2005		5 Payee name Central Self Storage 6 Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-		7 Amount (\$) 62.25	
8 Purpose of expenditure (See instructions regarding type of information required.) storage				9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
4 Date 05/09/2005		5 Payee name Central Self Storage 6 Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-		7 Amount (\$) 124.50	
8 Purpose of expenditure (See instructions regarding type of information required.) storage				9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
4 Date 02/25/2005		5 Payee name Chili's Grill 6 Payee address; City; State; Zip Code 10101 S. Post Oak Rd. Houston, TX 77096-		7 Amount (\$) 47.05	
8 Purpose of expenditure (See instructions regarding type of information required.) meals				9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 02/25/2005	Payee name Chili's Grill Payee address; City; State; Zip Code 10101 S. Post Oak Rd. Houston, TX 77096-	Amount (\$) 28.47
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 01/12/2005	Payee name Clear Lake Area Chamber of Commerce Payee address; City; State; Zip Code 1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$) 275.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 03/11/2005	Payee name Clear Lake Area Chamber of Commerce Payee address; City; State; Zip Code 1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/15/2005	Payee name Clear Lake Area Chamber of Commerce Payee address; City; State; Zip Code 1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/15/2005	Payee name Clear Lake Area Chamber of Commerce Payee address; City; State; Zip Code 1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$) 20.00
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/04/2005	Payee name Continental Airlines Payee address; City; State; Zip Code P.O. Box 1394 Houston, TX 77257-	Amount (\$) 329.90
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 04/04/2005	Payee name Continental Airlines Payee address; City; State; Zip Code P.O. Box 1394 Houston, TX 77257-	Amount (\$) 10.00
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/06/2005	Payee name Continental Airlines Payee address; City; State; Zip Code P.O. Box 1394 Houston, TX 77257-	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 01/24/2005	Payee name Dubliner Restaurant Payee address; City; State; Zip Code 520 N. Capitol St., NW Washington, DC 20001-	Amount (\$) 34.38
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/10/2005	Payee name Family Time Payee address; City; State; Zip Code 10203 Birchridge Dr. Suite G Humble, TX 77338-	Amount (\$) 1,050.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 01/12/2005	Payee name Flowers by Georgia Payee address; City; State; Zip Code 1818 Waugh Drive Houston, TX 77006-1129	Amount (\$) 127.63
Purpose of expenditure (See instructions regarding type of information required.) event expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/29/2005	Payee name Flowers by Georgia Payee address; City; State; Zip Code 1818 Waugh Drive Houston, TX 77006-1129	Amount (\$) 127.62
Purpose of expenditure (See instructions regarding type of information required.) event expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 06/15/2005	Payee name Flowers by Georgia Payee address; City; State; Zip Code 1818 Waugh Drive Houston, TX 77006-1129	Amount (\$) 191.43
Purpose of expenditure (See instructions regarding type of information required.) event expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 01/10/2005	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 116.43
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 01/18/2005	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 117.47
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 03/11/2005	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 211.14
Purpose of expenditure (See instructions regarding type of information required.) reception supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/29/2005	Payee name Guidry News Payee address; City; State; Zip Code 926 Broadway Street Galveston, TX 77550-	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) news service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/23/2005	Payee name Houston/Galveston Area Council (HGAC) Payee address; City; State; Zip Code PO Box 22777 Houston, TX 77227-2777	Amount (\$) 90.00
Purpose of expenditure (See instructions regarding type of information required.) Banquet		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 06/15/2005	Payee name Houston/Galveston Area Council (HGAC) Payee address; City; State; Zip Code PO Box 22777 Houston, TX 77227-2777	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) workshop		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/10/2005	Payee name HRC Houston Payee address; City; State; Zip Code	Amount (\$) 86.52
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/10/2005	Payee name Heritage Center Payee address; City; State; Zip Code 2825 W Town Center Circle Michael A. Fuhre Humble, TX 77325-	Amount (\$) 180.00
Purpose of expenditure (See instructions regarding type of information required.) room rental		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 03/11/2005	Payee name Heritage Center Payee address; City; State; Zip Code 2825 W Town Center Circle Michael A. Fuhre Humble, TX 77325-	Amount (\$) 180.00
Purpose of expenditure (See instructions regarding type of information required.) rental		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/10/2005	Payee name Houston Livestock Show & Rodeo Payee address; City; State; Zip Code PO Box 20070 Houston, TX 77225-	Amount (\$) 350.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 05/14/2005	Payee name Houston Military Affairs Committee Payee address; City; State; Zip Code PO Box 300526 Houston, TX 77230-0526	Amount (\$) 90.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 01/10/2005	Payee name Hyatt Grand at Washington Payee address; City; State; Zip Code 1000 H Street N.W. Washington, DC 20001-	Amount (\$) 316.00
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 01/24/2005	Payee name Hyatt Grand at Washington Payee address; City; State; Zip Code 1000 H Street N.W. Washington, DC 20001-	Amount (\$) 152.38
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/16/2005	Payee name Hyatt Grand at Washington Payee address; City; State; Zip Code 1000 H Street N.W. Washington, DC 20001-	Amount (\$) 349.46
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/16/2005	Payee name Hyatt Grand at Washington Payee address; City; State; Zip Code 1000 H Street N.W. Washington, DC 20001-	Amount (\$) 17.05
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/29/2005	Payee name Incarnate Word Academy Payee address; City; State; Zip Code 1800 Dismuke St. Houston, TX 77023-	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/15/2005	Payee name Kingwood Area Republican Women Payee address; City; State; Zip Code P.O. Box 5906 Halene Crossman Humble, TX 77325-	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) ad		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME: Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 03/11/2005	Payee name Kingwood Chamber of Commerce Payee address; City; State; Zip Code 2825 W. Town Center Circle Attn: Sparky Nolan Kingwood, TX 77339-	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/29/2005	Payee name Kingwood Chamber of Commerce Payee address; City; State; Zip Code 2825 W. Town Center Circle Attn: Sparky Nolan Kingwood, TX 77339-	Amount (\$) 252.00
Purpose of expenditure (See instructions regarding type of information required.) membership		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/29/2005	Payee name Kingwood Chamber of Commerce Payee address; City; State; Zip Code 2825 W. Town Center Circle Attn: Sparky Nolan Kingwood, TX 77339-	Amount (\$) 120.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 03/30/2005	Payee name Kingwood Executive Suites Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 195.00
Purpose of expenditure (See instructions regarding type of information required.) rent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/01/2005	Payee name Kingwood Executive Suites Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 195.00
Purpose of expenditure (See instructions regarding type of information required.) rent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/01/2005	Payee name Kingwood Executive Suites Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 195.00
Purpose of expenditure (See instructions regarding type of information required.) rent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought

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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 06/01/2005	Payee name Kingwood Executive Suites Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 195.00
Purpose of expenditure (See instructions regarding type of information required.) rent		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/29/2005	Payee name Kiwanis Club of Kingwood Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/02/2005	Payee name La Griglia Payee address; City; State; Zip Code 2002 W. Gray Houston, TX 77019-	Amount (\$) 102.17
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/09/2005	Payee name Leedy Graphics Payee address; City; State; Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068-	Amount (\$) 1,077.09
Purpose of expenditure (See instructions regarding type of information required.) printing		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 06/15/2005	Payee name Lunar Rendezvous Payee address; City; State; Zip Code	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required.) reception		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 02/25/2005	Payee name Merit Parking Payee address; City; State; Zip Code 7515 Main Street Houston, TX 77030-	Amount (\$) 3.00
Purpose of expenditure (See instructions regarding type of information required.) travel expense		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 02/24/2005	Payee name Office Max Payee address; City; State; Zip Code 20412 US Hwy 59 North Humble, TX 77338-	Amount (\$) 64.91
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/15/2005	Payee name Office Max Payee address; City; State; Zip Code 20412 US Hwy 59 North Humble, TX 77338-	Amount (\$) 10.81
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/20/2005	Payee name Omni Hotel Payee address; City; State; Zip Code 40 West Jackson Place Indianapolis, IN 46225-	Amount (\$) 97.75
Purpose of expenditure (See instructions regarding type of information required.) lodging		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/20/2005	Payee name Omni Hotel Payee address; City; State; Zip Code 40 West Jackson Place Indianapolis, IN 46225-	Amount (\$) 29.54
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/29/2005	Payee name Southbelt Ellington Leader Payee address; City; State; Zip Code 11555 Beamer Rd., Ste. 100 Houston, TX 77089-	Amount (\$) 445.00
Purpose of expenditure (See instructions regarding type of information required.) printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 03/11/2005	Payee name Sprint Payee address; City; State; Zip Code P.O. Box 152046 Irving, TX 75015-2046	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required.) phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME: Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 04/29/2005	Payee name Sprint Payee address; City; State; Zip Code P.O. Box 152046 Irving, TX 75015-2046	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/10/2005	Payee name Sweet Treat Payee address; City; State; Zip Code One Allen Center 500 Dallas, Suite T-5 Houston, TX 77002-	Amount (\$) 77.78
Purpose of expenditure (See instructions regarding type of information required.) catering		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/15/2005	Payee name Sweet Treat Payee address; City; State; Zip Code One Allen Center 500 Dallas, Suite T-5 Houston, TX 77002-	Amount (\$) 41.20
Purpose of expenditure (See instructions regarding type of information required.) catering		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 05/23/2005	Payee name Taco Milagro Payee address; City; State; Zip Code 2555 Kirby Dr. Houston, TX 77019-	Amount (\$) 40.94
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/10/2005	Payee name The Arts Alliance Center at Clear Lake Payee address; City; State; Zip Code 2000 NASA Parkway Houston, TX 77058-	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/15/2005	Payee name The Bridge Payee address; City; State; Zip Code PO Box 3488 Pasadena, TX 77501-	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 06/20/2005	Payee name Walden & Associates Payee address: City: State: Zip Code 55 Waugh Dr. #610 Houston, TX 77007-	Amount (\$) 1,778.00
Purpose of expenditure (See instructions regarding type of information required.) event expense		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name

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