

**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: 11
3. CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Addie LAST Wiseman NICKNAME SUFFIX	MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Mailed Received Amount Date Imaged
4 CANDIDATE/ OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX; PO Box 6667 CITY; Kingwood STATE; TX ZIP CODE 77325-6667	APT/ SUITE #	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE 281 PHONE NUMBER 358-8495 EXTENSION		
6 CAMPAIGN TREASURER NAME	TITLE FIRST Meg LAST Oswald NICKNAME SUFFIX	MI	
7 CAMPAIGN TREASURER'S ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 4002 Evergreen Village Ct. CITY; Kingwood STATE; TX ZIP CODE 77345	APT/SUITE #;	
8 CAMPAIGN TREASURER PHONE	AREA CODE 281 PHONE NUMBER 360-8436 EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Runoff <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2005 THROUGH 09/30/2005		
11 ELECTION	ELECTION DATE Month Day Year 11/08/2005	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HOLDER (if any) Houston City Council, Dist. E	13 OFFICE SOUGHT (if known) Houston City Council, Dist E	
14 NOTICE OF EDIRECT 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

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

17. NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political expenditures by political committees to support the candidate / officeholder.
COMMITTEE TYPE: GENERAL, SPECIFIC
COMMITTEE NAME, ADDRESS, CAMPAIGN TREASURE NAME, ADDRESS

Table with 2 columns: Category (CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS) and Amount. Rows include: 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS... 2. TOTAL POLITICAL CONTRIBUTIONS... 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS... 4. TOTAL POLITICAL EXPENDITURES... 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY... 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY...

19 AFFIDAVIT
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informaton 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 11 of October, 20 05, to certify which, witness my hand and seal of office.



Signature of officer administering oath: Gail Dempsey
Print name of officer administering oath: Gail Dempsey
Title of officer administering oath: Notary

**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 4	
2 FILER NAME Addie Wiseman					3 ACCOUNT #(Ethics Commission filers)	
4 Date 09/30/2005	5 Full Name of contributor Badiha Abu-Nassar <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77062-2301		7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)			
4 Date 09/30/2005	5 Full Name of contributor Richard Allen <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77062-		7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)			
4 Date 09/30/2005	5 Full Name of contributor Charles Beyer <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Spring, TX 77379-6791		7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)			
4 Date 09/30/2005	5 Full Name of contributor Marilyn Burt <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77058-		7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)			
4 Date 09/30/2005	5 Full Name of contributor Kippy Caraway <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77059-3758		7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 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	Full Name of contributor Bill J. Chen Contributor address; [REDACTED] 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	Full Name of contributor Michael Cornett Contributor address; [REDACTED] Houston, TX 77062-	<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	Full Name of contributor Gregg & Gregg P.C. Contributor address; [REDACTED] Houston, TX 77062-	<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	Full Name of contributor Halliburton Company PAC Contributor address; [REDACTED] Houston, TX 77020-	<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	Full Name of contributor James R. Jard Contributor address; [REDACTED] Houston, TX 77024-	<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 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 09/30/2005	Full Name of contributor Connie Lopez Contributor address; [REDACTED] Houston, TX 77050-	<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 09/30/2005	Full Name of contributor James Murdaugh Contributor address; Smith, Murdaugh, Little & Bonahm, L.L.P. [REDACTED] Houston, TX 77002-5211	<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 09/30/2005	Full Name of contributor Verdene Ryder Contributor address; [REDACTED] Houston, TX 77056-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date 09/30/2005	Full Name of contributor George W Strake, Jr. Contributor address; [REDACTED] Houston, TX 77002-3291	<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 09/30/2005	Full Name of contributor Wendell Wilson Contributor address; [REDACTED] Seabrook, TX 77586-	<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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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 files)	
Date 09/30/2005	Full Name of contributor Ann Wismer Contributor address; [REDACTED] Baytown, TX 77520-	<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 / /	Full Name of contributor	<input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date / /	Full Name of contributor	<input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date / /	Full Name of contributor	<input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date / /	Full Name of contributor	<input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; 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: 5
2 FILER NAME Addie Wiseman		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/02/2005	5 Payee name Amegy Bank 6 Payee address; City; State; Zip Code 1100 Louisiana Houston, TX 77002-	7 Amount (\$) 503.00	
8 Purpose of expenditure (See instructions regarding type of information required.) money order filing fee and bank fee		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date 08/09/2005	5 Payee name Aimee Bertrand 6 Payee address; City; State; Zip Code 3626 Riverwood Park Kingwood, TX 77345-	7 Amount (\$) 75.41	
8 Purpose of expenditure (See instructions regarding type of information required.) reimbursement intern expenses		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date 08/19/2005	5 Payee name Boatyard Grill 6 Payee address; City; State; Zip Code 3825 Lake Austin Blvd. Austin, TX 78703-	7 Amount (\$) 20.14	
8 Purpose of expenditure (See instructions regarding type of information required.) lunch		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date 08/22/2005	5 Payee name Boatyard Grill 6 Payee address; City; State; Zip Code 3825 Lake Austin Blvd. Austin, TX 78703-	7 Amount (\$) 21.40	
8 Purpose of expenditure (See instructions regarding type of information required.) lunch		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date 08/04/2005	5 Payee name Central Self Storage 6 Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-	7 Amount (\$) 166.00	
8 Purpose of expenditure (See instructions regarding type of information required.) storage		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date 09/14/2005	5 Payee name Central Self Storage 6 Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-	7 Amount (\$) 181.00	
8 Purpose of expenditure (See instructions regarding type of information required.) storage		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought 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 07/08/2005	Payee name Doneraki Payee address; City; State; Zip Code 2836 Fulton Houston, TX 77009-	Amount (\$) 43.13
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 08/22/2005	Payee name Embassy Suites Payee address; City; State; Zip Code 300 South Congress Avenue Austin, TX 78704-	Amount (\$) 238.47
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 08/09/2005	Payee name Flowers by Georgia Payee address; City; State; Zip Code 1818 Waugh Drive Houston, TX 77006-1129	Amount (\$) 260.67
Purpose of expenditure (See instructions regarding type of information required.) fundraising reception		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 08/29/2005	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 217.14
Purpose of expenditure (See instructions regarding type of information required.) CAC fundraising meeting reimburseme		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 07/07/2005	Payee name Hard Rock Cafe Houston Payee address; City; State; Zip Code 500 Texas St. Houston, TX 77009-	Amount (\$) 74.02
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 09/22/2005	Payee name Houston Livestock Show & Rodeo Payee address; City; State; Zip Code PO Box 20070 Houston, TX 77225-	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** 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 07/25/2005	Payee name Jalapeno's Payee address; City; State; Zip Code 2702 Kirby Drive Houston, TX 77098-	Amount (\$) 99.51
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 09/07/2005	Payee name Jasons Deli Payee address; City; State; Zip Code 901 McKinney Street Houston, TX 77002-6308	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) volunteer expense		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 09/07/2005	Payee name Jasons Deli Payee address; City; State; Zip Code 901 McKinney Street Houston, TX 77002-6308	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) volunteer expense		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 08/09/2005	Payee name Junior League of Houston Payee address; City; State; Zip Code 1811 Briar Oaks Lane Houston, TX 77027-	Amount (\$) 40.00
Purpose of expenditure (See instructions regarding type of information required.) tea room fee		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 08/10/2005	Payee name Junior League of Houston Payee address; City; State; Zip Code 1811 Briar Oaks Lane Houston, TX 77027-	Amount (\$) 102.68
Purpose of expenditure (See instructions regarding type of information required.) tea room fee		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 09/01/2005	Payee name Dan Kilgore Payee address; City; State; Zip Code 4122 Pine Breeze Drive Kingwood, TX 77345-	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) intern		** Complete if direct expenditure to benefit C/OH ** Office held / sought 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 09/21/2005	Payee name Dan Kilgore Payee address; City; State; Zip Code 4122 Pine Breeze Drive Kingwood, TX 77345-	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) intern		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 08/09/2005	Payee name Kingwood Chamber of Commerce Payee address; City; State; Zip Code 2825 W. Town Center Circle Attn: Sparky Nolan Kingwood, TX 77339-	Amount (\$) 300.00
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
Date 09/02/2005	Payee name Kingwood Executive Suites Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 585.00
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 08/09/2005	Payee name Lunar Rendezvous Payee address; City; State; Zip Code c/o Clear Lake Chamber 1201 Nasa Rd. 1 Houston, TX 77058-	Amount (\$) 70.00
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 08/09/2005	Payee name Barbara Stubblefield Payee address; City; State; Zip Code 4214 Parkcrest Drive Houston, TX 77034-	Amount (\$) 10.83
Purpose of expenditure (See instructions regarding type of information required.) reimbursement for printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 09/06/2005	Payee name Target Payee address; City; State; Zip Code 20777 Hwy. 59 N. Humble, TX 77338-	Amount (\$) 266.15
Purpose of expenditure (See instructions regarding type of information required.) office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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 09/21/2005	Payee name Addie Wiseman Payee address; City; State; Zip Code 2011 Pine River Drive Humble, TX 77339-	Amount (\$) 238.58
Purpose of expenditure (See instructions regarding type of information required.) travel reimbursement		** 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED