

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 <i>Addie</i>	FIRST MI <i>Wiseman</i>	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked  Receipt # Amount Date Processed Date Imaged
4 CANDIDATE/ OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX; <i>2011 Pine River Dr.</i>		APT/ SUITE #;
CITY; <i>Kingwood</i>		STATE; <i>TX</i>	ZIP CODE <i>77339</i>
5 CAMPAIGN TREASURER NAME	TITLE <i>Meg</i>	FIRST MI <i>Oswald</i>	
NICKNAME <i>Oswald</i>		LAST SUFFIX	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET OR PO BOX; <i>4002 Evergreen Valley Ct.</i>		APT/SUITE #;
CITY; <i>Kingwood</i>		STATE; <i>TX</i>	ZIP CODE <i>77345</i>
7 CAMPAIGN TREASURER PHONE	AREA CODE <i>281</i>	PHONE NUMBER <i>360-3924</i>	EXTENSION
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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)		
9 PERIOD COVERED	Month Day Year <i>07/01/2002</i>		Month Day Year <i>12/31/2002</i>
THROUGH			
10 ELECTION	ELECTION DATE Month Day Year <i>11/04/2003</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HOLDER (if any) <i>HOUSTON CITY Council, Dist. E</i>		12 OFFICE SOUGHT (if known) <i>HOUSTON City Council, Dist. E</i>
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	... 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		
<input type="checkbox"/> additional pages			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

Cover Sheet pg 2

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

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. ...

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURE NAME
		COMMITTEE CAMPAIGN TREASURE ADDRESS

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 UNITEMIZED	\$	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 UNITEMIZED	\$	80.00
	4. TOTAL POLITICAL EXPENDITURES	\$	6,664.56
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

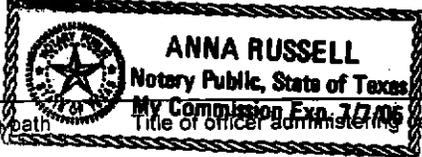
19 AFFIDAVIT
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Addie Wiseman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Addie Wiseman, this the 15th day of January, 2005, to certify which, witness my hand and seal of office.

Anna Russell
Signature of officer administering oath



Print name of officer administering oath: ANNA RUSSELL
Title of officer administering oath: Notary Public, State of Texas

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.						1 Total pages Schedule F: 4
2 FILER NAME Addie Wiseman						3 ACCOUNT # (Ethics Commission filers)
4 Date 09/16/2002	5 Payee name City of Houston				7 Amount (\$) 100.00	
	6 Payee address; City, State; Zip Code PO Box 1562 Houston, TX 77251-					
8 Purpose of expenditure (See instructions regarding type of information required.) contribution					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 12/10/2002	5 Payee name Clear Lake Metropoli				7 Amount (\$) 2,000.00	
	6 Payee address; City, State; Zip Code PO box 580466 Houston, TX 77258-					
8 Purpose of expenditure (See instructions regarding type of information required.) sponsorship					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 11/07/2002	5 Payee name Falk Imaging Int'l				7 Amount (\$) 111.54	
	6 Payee address; City, State; Zip Code 1525 Lakeville Drive Suite 250 Charles Falk Kingwood, TX 77339-					
8 Purpose of expenditure (See instructions regarding type of information required.) Photography					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 12/20/2002	5 Payee name Falk Imaging Int'l				7 Amount (\$) 429.00	
	6 Payee address; City, State; Zip Code 1525 Lakeville Drive Suite 250 Charles Falk Kingwood, TX 77339-					
8 Purpose of expenditure (See instructions regarding type of information required.) photography					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 12/30/2002	5 Payee name Martha Galvan				7 Amount (\$) 50.00	
	6 Payee address; City, State; Zip Code 1123 Gardendale Drive Houston, TX 77018-					
8 Purpose of expenditure (See instructions regarding type of information required.) event supplies					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 08/14/2002	5 Payee name Harris Cty Mayors Co				7 Amount (\$) 30.00	
	6 Payee address; City, State; Zip Code PO Box 1562 Houston, TX 77251-1562					
8 Purpose of expenditure (See instructions regarding type of information required.) contribution					9 ** 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 11/07/2002	Payee name Houston Livestock Sh Payee address; City; State; Zip Code PO Box 20070 Houston, TX 77225-	Amount (\$) 53.93
Purpose of expenditure (See instructions regarding type of information required.) meal		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 09/03/2002	Payee name Humble Noon Lions Cl Payee address; City; State; Zip Code 907-AMain Street Humble, TX 77338-	Amount (\$) 400.00
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 08/01/2002	Payee name Kingwood Executive S Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 325.00
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 08/01/2002	Payee name Kingwood Executive S Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 325.00
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 09/23/2002	Payee name Kingwood Executive S Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 325.00
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 10/07/2002	Payee name Kingwood Executive S Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 325.00
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 11/10/2002	Payee name Kingwood Executive S Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 325.00
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 12/03/2002	Payee name Kingwood Executive S Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 325.00
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 08/23/2002	Payee name Kingwood Kiwanis Clu Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 11/12/2002	Payee name Kingwood Kiwanis Clu Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-	Amount (\$) 565.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 12/30/2002	Payee name Kingwood Kiwanis Clu Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 12/30/2002	Payee name D'Ann Marro Payee address; City; State; Zip Code P. O. Box 6667 Humble, TX 77325-6667	Amount (\$) 100.23
Purpose of expenditure (See instructions regarding type of information required.) office supplies - reimbursement		** 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 12/24/2002	Payee name Minuteman Press Payee address; City; State; Zip Code 238 E. First Street Humble, TX 77338-	Amount (\$) 253.31
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 08/07/2002	Payee name Sam Roe Signs & Grap Payee address; City; State; Zip Code PO Box 1064 Huffman, TX 77336-	Amount (\$) 86.60
Purpose of expenditure (See instructions regarding type of information required.) signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 12/30/2002	Payee name Sign Designs Now Payee address; City; State; Zip Code 22401 Loop 494, Ste 124 Kingwood, TX 77339-	Amount (\$) 64.95
Purpose of expenditure (See instructions regarding type of information required.) signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 12/30/2002	Payee name J. Rodney Smith Payee address; City; State; Zip Code 9718 Cantertrot Drive Humble, TX 77338-	Amount (\$) 270.00
Purpose of expenditure (See instructions regarding type of information required.) annual web fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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 ** Candidate / Officeholder name Office held / sought
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 ** Candidate / Officeholder name Office held / sought

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