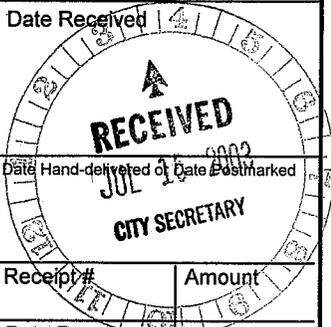


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**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 NICKNAME	FIRST Addie LAST Wiseman	MI SUFFIX
4 CANDIDATE/ OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX; 2011 Pine River Drive CITY; Kingwood STATE; TX		APT/ SUITE #; ZIP CODE 77339
5 CAMPAIGN TREASURER NAME	TITLE Ms. NICKNAME	FIRST Meg LAST Oswald	MI SUFFIX
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		APT/SUITE #; STREET OR PO BOX; 4002 Evergreen Valley Court CITY; Kingwood STATE; TX ZIP CODE 77345	
7 CAMPAIGN TREASURER PHONE	AREA CODE 281	PHONE NUMBER 360-8436	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" 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      Month Day Year 01/01/2003      THROUGH      06/30/2003		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2003	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) Other Office 0 <i>HOUSTON CITY COUNCIL, DIST. E</i>	12 OFFICE SOUGHT (if known) Other Office 0 <i>HOUSTON CITY COUNCIL, DISTRICT 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			



GO TO PAGE 2

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. ... COMMITTEE TYPE: GENERAL, SPECIFIC. 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.)

Table with 5 rows and 3 columns: Category (e.g., CONTRIBUTION TOTALS, EXPENDITURE TOTALS, OUTSTANDING LOAN TOTALS), Description (e.g., 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS...), Amount (\$ and value).

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 or officeholder: Addie Wiseman. Notary Public Seal: Troy D. Lemon, State of Texas, Expires 06-08-2004. Sworn to and subscribed before me, by the said Addie Wiseman this the 15th day of July, 2003, to certify which, witness my hand and seal of office. Signature of officer administering oath: Troy D. Lemon. Print name of officer administering oath: Troy D. Lemon. Title of officer administering oath: Notary Public.

**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 28	
2 FILER NAME Addie Wiseman						3 ACCOUNT #(Ethics Commission filers)	
4 Date 04/29/2003	5 Full Name of contributor Rick and Dorothy Alspaugh <input type="checkbox"/> out of state PAC (ID#: _____)			7 Amount of contribution (\$) 250.00		8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 							
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 06/18/2003	5 Full Name of contributor Sherri Andrews <input type="checkbox"/> out of state PAC (ID#: _____)			7 Amount of contribution (\$) 40.00		8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 							
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 04/29/2003	5 Full Name of contributor Andrews & Kurth L.L. <input type="checkbox"/> out of state PAC (ID#: _____)			7 Amount of contribution (\$) 1,000.00		8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 							
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 04/29/2003	5 Full Name of contributor Dionel and Barbara Aviles <input type="checkbox"/> out of state PAC (ID#: _____)			7 Amount of contribution (\$) 500.00		8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 							
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 06/27/2003	5 Full Name of contributor Vishwa M. Bahl <input type="checkbox"/> out of state PAC (ID#: _____)			7 Amount of contribution (\$) 500.00		8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 							
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 Banc One Corp. PAC Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Banc One Corp. PAC Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
06/30/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Oussama (Sam) Barbar Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Martin Basaldua Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
06/18/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Ervin H. and Judith Baumeyer Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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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	Full Name of contributor Dayle Blake Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Edward L. Boswell Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor James C. Box Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Mark Boyer Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Bracewell & Patterso Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
06/30/2003				
Principal occupation (Optional)		Employer (Optional)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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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	Full Name of contributor Gerald M. Brady Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Gerald M. Brady Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
06/18/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Harry and Cindy Brooks Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Peter Hoyt Brown Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Rudolph H. Bruhns Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></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	Full Name of contributor Rudolph H. Bruhns Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
06/27/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor W.F. Burge Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor W.F. Burge Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Zinetta A. Burney Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Zinetta A. Burney Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></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	Full Name of contributor CDMPAC Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
06/18/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Darryl B. Carter Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Darryl B. Carter Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
06/18/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Centerpoint Energy Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Centerpoint Energy Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
06/27/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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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 04/29/2003	Full Name of contributor John W. H. Chiang Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor Cindy L. Clifford Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor Continental Airlines Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/18/2003	Full Name of contributor Michael D. Copland-Joint Rental Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/18/2003	Full Name of contributor H. Dean Cubley Contributor address; City; State; Zip Code	<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><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></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 04/29/2003	Full Name of contributor James Dannenbaum Contributor address; 	<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) Executive		Employer (Optional) Dannenbaum Engineering		
Date 04/29/2003	Full Name of contributor John Dao Contributor address; 	<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 06/18/2003	Full Name of contributor Susan Doiron Contributor address; 	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor Jack Drake Contributor address; 	<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 04/29/2003	Full Name of contributor Samuel K. Eaton Contributor address; 	<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)		

**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 06/18/2003	Full Name of contributor Excalibur Constructi Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/18/2003	Full Name of contributor Dixie Ann Foster Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/27/2003	Full Name of contributor Irene E. Foxhall Contributor address; City; State; Zip Code	<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 04/29/2003	Full Name of contributor Fulbright & Jaworski Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor C. M. Garver Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	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**

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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)

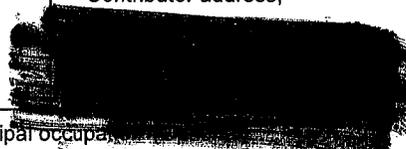
The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 04/29/2003	Full Name of contributor Anthony Geldens Contributor address: [REDACTED]	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor Anthony Geldens Contributor address: [REDACTED]	<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 04/29/2003	Full Name of contributor Alberto S. Gonzalez Contributor address: [REDACTED]	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor Charles Douglas Gooden Contributor address: [REDACTED]	<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 06/18/2003	Full Name of contributor Gregg & Gregg P.C. Contributor address: [REDACTED]	<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)		

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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 06/18/2003	Full Name of contributor Pat Hargrove Contributor address; 	<input type="checkbox"/> out of state PAC (ID#: _____ ) City; State; Zip Code	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/18/2003	Full Name of contributor Randall Harris Contributor address; 	<input type="checkbox"/> out of state PAC (ID#: _____ ) City; State; Zip Code	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/18/2003	Full Name of contributor Bruce Hiran, P.C. Contributor address; 	<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 04/29/2003	Full Name of contributor Helen I. Hodges Contributor address; 	<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 06/18/2003	Full Name of contributor Helen I. Hodges Contributor address; 	<input type="checkbox"/> out of state PAC (ID#: _____ ) City; State; Zip Code	Amount of contribution (\$) 40.00	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 06/18/2003	Full Name of contributor Home-Pac Contributor address; City; State; Zip Code	<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 04/29/2003	Full Name of contributor Bobbie Horne Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/27/2003	Full Name of contributor Hou Con Pac Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/27/2003	Full Name of contributor (H A A) Better Government Fund Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 2,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor Houston Police Officers Union PAC Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 10,000.00	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 06/18/2003	Full Name of contributor IEC of Houston PAC Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor Kenneth James Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/18/2003	Full Name of contributor James R. Jard Contributor address; City; State; Zip Code	<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 06/18/2003	Full Name of contributor Louise Jefferson Contributor address; City; State; Zip Code	<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 06/18/2003	Full Name of contributor Johnnie A. Jenkins Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></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	Full Name of contributor Patrick K. Joiner Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Patrick K. Joiner Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
06/30/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor A. L. Keller Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor A. L. Keller Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
06/18/2003				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Masrur J. Khan Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
04/29/2003				
Principal occupation (Optional)		Employer (Optional)		

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**POLITICAL CONTRIBUTIONS  
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**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 David and Kimberly Killen Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Craig King Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
06/18/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor L.E. Lake Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
06/30/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Lan-Pac Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
06/18/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Landry's Restaurants PAC Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
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	Full Name of contributor Landtech Consultants Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Roberto Lay-Su Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Ann Lents Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Richard F. Lewis Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Richard and Betty Lewis Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

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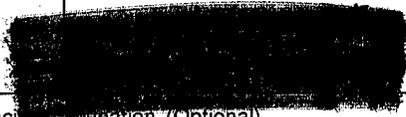
**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**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	Full Name of contributor Linebarger Goggan Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Linebarger Goggan Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
06/18/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor R. Jack Linville Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Robert O. Little, Jr. Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
06/18/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Meredith J. Long Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>				

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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 06/27/2003	Full Name of contributor Arthur Lopez Contributor address; 	<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 04/29/2003	Full Name of contributor L James Mahoney Contributor address; 	<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 06/30/2003	Full Name of contributor David F. Martinez Contributor address; 	<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 06/27/2003	Full Name of contributor Ranney McDonough Contributor address; 	<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 04/29/2003	Full Name of contributor Ranney W. McDonough Contributor address; 	<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  
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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 06/18/2003	Full Name of contributor Ranney W. McDonough Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor Ben S. McMillan Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor Larry Milberger Contributor address; City; State; Zip Code	<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 06/18/2003	Full Name of contributor Monks, Monks, Monks Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/18/2003	Full Name of contributor R. G. Montgomery Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	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**  
(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 Morris Architects Ci Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
06/18/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Sara L. Nowak Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Outdoor PAC Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor PHCG Investments Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
06/18/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Peter Peltier Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
06/27/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		

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**POLITICAL CONTRIBUTIONS  
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**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	Full Name of contributor Bob J. Perry	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/27/2003	Contributor address; 	City; State; Zip Code	5,000.00	
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Roland Pohler	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/18/2003	Contributor address; 	City; State; Zip Code	25.00	
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Stephen Powell	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2003	Contributor address; 	City; State; Zip Code	250.00	
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Suzanne Pryde	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/18/2003	Contributor address; 	City; State; Zip Code	100.00	
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Jeanette Rash	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2003	Contributor address; 	City; State; Zip Code	250.00	
Principal occupation (Optional)		Employer (Optional)		

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**POLITICAL CONTRIBUTIONS  
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**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 06/27/2003	Full Name of contributor Balwanthrao Ratnala Contributor address; 	<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 04/29/2003	Full Name of contributor Vesta Rea-Gaubert Contributor address; 	<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 04/29/2003	Full Name of contributor Stephen D. Richards Contributor address; 	<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 06/18/2003	Full Name of contributor James B. Russ Contributor address; 	<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 04/29/2003	Full Name of contributor Diane Mary Ryan Contributor address; 	<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)		
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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	Full Name of contributor Varinder P. Singh Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)  1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Barry and Marijane Smitherman Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Robert Stein Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor George W Strake, Jr. Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Jon N. Strange Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)  250.00	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)**

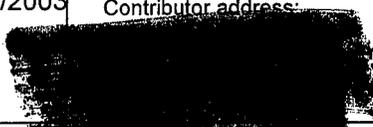
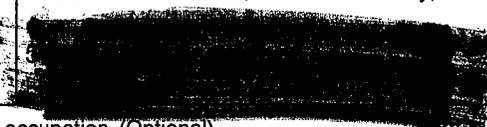
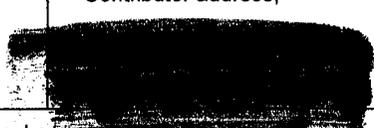
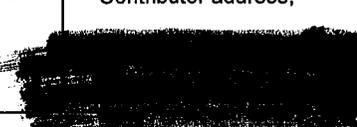
The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 06/30/2003	Full Name of contributor Jon N. Strange Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/18/2003	Full Name of contributor Michael Sullivan Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/18/2003	Full Name of contributor TSC Fund Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor Orlando Teran Contributor address; City; State; Zip Code	<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 04/29/2003	Full Name of contributor Texas Coalition for Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

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**POLITICAL CONTRIBUTIONS  
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**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 06/27/2003	Full Name of contributor Texas Friends of Tim Contributor address: 	<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 04/29/2003	Full Name of contributor Texas Weston PAC Contributor address: 	<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 04/29/2003	Full Name of contributor James F. and Susan Thompson Contributor address: 	<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 06/18/2003	Full Name of contributor Rosalind Doyle Triplett Contributor address: 	<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 04/29/2003	Full Name of contributor Turner Collie & Brad Contributor address: 	<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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**POLITICAL CONTRIBUTIONS  
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**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 Uptown Houston PAC Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor V.N. Vijayvergiya Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Vinson and Elkins Texas PAC Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
04/29/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor David Walden Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
06/18/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Waldron & Schneider, Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
06/18/2003	[REDACTED]			
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 filers)	
Date 04/29/2003	Full Name of contributor Allen Watson Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)  1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/18/2003	Full Name of contributor Allen Watson Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor Richard W. Weekley Contributor address; City; State; Zip Code	<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 06/27/2003	Full Name of contributor Winstead Sechrest & Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)  1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/29/2003	Full Name of contributor Catherine Wray-McCreight Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></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 06/18/2003	Full Name of contributor Rose V. Zarcaro Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date 06/18/2003	Full Name of contributor Giti Zarinkelk Contributor address; City; State; Zip Code	<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 06/30/2003	Full Name of contributor John Bryan Zumwalt III Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	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#: _____)	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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>					

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: 7
<b>2</b> FILER NAME Addie Wiseman		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 04/15/2003	<b>5</b> Payee name Asian Cham.of Commer <b>6</b> Payee address; City; State; Zip Code 7457 Harwin Drive Houston, TX 77036-2017	<b>7</b> Amount (\$) 75.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) dues		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name
<b>4</b> Date 04/30/2003	<b>5</b> Payee name Assoc. Republicans T <b>6</b> Payee address; City; State; Zip Code 807 Brazos Street Austin, TX 78701-2517	<b>7</b> Amount (\$) 100.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) sponsorship		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name
<b>4</b> Date 03/11/2003	<b>5</b> Payee name Bay Area Republican <b>6</b> Payee address; City; State; Zip Code 1314 Sprint Crest Lane Lillian Keeney Seabrook, TX 77586	<b>7</b> Amount (\$) 400.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) sponsorship		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name
<b>4</b> Date 05/03/2003	<b>5</b> Payee name Clear Lake Chamber <b>6</b> Payee address; City; State; Zip Code 1201 E. Nasa Rd 1 Webster, TX 77598-	<b>7</b> Amount (\$) 150.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) sponsorship		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name
<b>4</b> Date 04/15/2003	<b>5</b> Payee name of Cities Clear Lake Council <b>6</b> Payee address; City; State; Zip Code 601 Shore Acres Blvd La Porte, TX 77571-	<b>7</b> Amount (\$) 18.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) contribution		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name
<b>4</b> Date 06/05/2003	<b>5</b> Payee name Flowers Etc. <b>6</b> Payee address; City; State; Zip Code 14010 Post Oak Road Houston, TX 77045-5166	<b>7</b> Amount (\$) 318.25
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) event expense		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** 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 01/13/2003	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$)  67.21
Purpose of expenditure (See instructions regarding type of information required.) reception/coffee supplies		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/23/2003	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$)  55.00
Purpose of expenditure (See instructions regarding type of information required.) parking reimbursement		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/15/2003	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.) subscription		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/14/2003	Payee name Harris County Republ Payee address; City; State; Zip Code 3311 Richmond Ste 218 Houston, TX 77098-	Amount (\$)  300.00
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
Date 03/03/2003	Payee name Kindra Hefner Payee address; City; State; Zip Code 4515 Tall Ridge Court Kingwood, TX 77339-	Amount (\$)  1,000.00
Purpose of expenditure (See instructions regarding type of information required.) consulting		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/30/2003	Payee name Kindra Hefner Payee address; City; State; Zip Code 4515 Tall Ridge Court Kingwood, TX 77339-	Amount (\$)  1,000.00
Purpose of expenditure (See instructions regarding type of information required.) consulting		** 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 06/05/2003	Payee name Kindra Hefner Payee address; City; State; Zip Code 4515 Tall Ridge Court Kingwood, TX 77339-	Amount (\$)  1,000.00
Purpose of expenditure (See instructions regarding type of information required.) consulting		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 06/12/2003	Payee name Kindra Hefner Payee address; City; State; Zip Code 4515 Tall Ridge Court Kingwood, TX 77339-	Amount (\$)  1,190.78
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 05/08/2003	Payee name Grand Hyatt Payee address; City; State; Zip Code 1000 H Street N.W. Washington, DC 20001-	Amount (\$)  1,105.64
Purpose of expenditure (See instructions regarding type of information required.) lodging		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/10/2003	Payee name Jasons Deli Payee address; City; State; Zip Code 901 McKinney Street Houston, TX 77002-6308	Amount (\$)  167.52
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 04/09/2003	Payee name Kingwood Area Republ Payee address; City; State; Zip Code 5310 Beaver Lodge Carla Copp Kingwood, TX 77345-	Amount (\$)  500.00
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
Date 01/24/2003	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 ** 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 01/24/2003	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 03/11/2003	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 05/03/2003	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 05/14/2003	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 06/05/2003	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 04/15/2003	Payee name Kingwood Kiwanis Clu Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-	Amount (\$)  80.00
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
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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 04/15/2003	Payee name Kingwood Kiwanis Clu Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-	Amount (\$)  20.00
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 05/01/2003	Payee name Kingwood Kiwanis Clu Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-	Amount (\$)  150.00
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 05/03/2003	Payee name Kingwood Observer Payee address; City; State; Zip Code 1129 Kingwood Drive Humble, TX 77339-2799	Amount (\$)  240.00
Purpose of expenditure (See instructions regarding type of information required.) subscription		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 01/08/2003	Payee name Lake Houston Pachyde Payee address; City; State; Zip Code 1301 Mistletoe Lane Humble, TX 77339-	Amount (\$)  500.00
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
Date 04/29/2003	Payee name Pierre Massoud Payee address; City; State; Zip Code 16023 Dove Trail Court Cypress, TX 77429-	Amount (\$)  2,033.87
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 05/14/2003	Payee name Robert Sheridan Payee address; City; State; Zip Code 1906 Southern Pine Kingwood, TX 77339-	Amount (\$)  156.00
Purpose of expenditure (See instructions regarding type of information required.) supplies		** 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 06/05/2003	Payee name Robert Sheridan Payee address; City; State; Zip Code 1906 Southern Pine Kingwood, TX 77339-	Amount (\$)  459.00
Purpose of expenditure (See instructions regarding type of information required.) contract labor		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 03/03/2003	Payee name Sk Strategies Payee address; City; State; Zip Code 55 Waugh Drive, Suite 610 Houston, TX 77007-	Amount (\$)  2,000.00
Purpose of expenditure (See instructions regarding type of information required.) consulting		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/29/2003	Payee name Sk Strategies Payee address; City; State; Zip Code 55 Waugh Drive, Suite 610 Houston, TX 77007-	Amount (\$)  2,000.00
Purpose of expenditure (See instructions regarding type of information required.) consulting		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/30/2003	Payee name Sk Strategies Payee address; City; State; Zip Code 55 Waugh Drive, Suite 610 Houston, TX 77007-	Amount (\$)  2,000.00
Purpose of expenditure (See instructions regarding type of information required.) consulting		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/30/2003	Payee name Sk Strategies Payee address; City; State; Zip Code 55 Waugh Drive, Suite 610 Houston, TX 77007-	Amount (\$)  220.83
Purpose of expenditure (See instructions regarding type of information required.) event reimbursement		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 06/05/2003	Payee name Sk Strategies Payee address; City; State; Zip Code 55 Waugh Drive, Suite 610 Houston, TX 77007-	Amount (\$)  2,000.00
Purpose of expenditure (See instructions regarding type of information required.) consulting		** 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 05/05/2003	Payee name Southwest Bank of Te Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  10.35
Purpose of expenditure (See instructions regarding type of information required.) bank charge		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/03/2003	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 ** Office held / sought Candidate / Officeholder name
Date 05/06/2003	Payee name House gift shop U.S. House of Repres Payee address; City; State; Zip Code C Street & Delaware Ave. SW Washington, DC 20515-	Amount (\$)  33.55
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 03/18/2003	Payee name USPS US Postal Service Payee address; City; State; Zip Code 4025 Feather Lake Way Kingwood, TX 77345-	Amount (\$)  185.00
Purpose of expenditure (See instructions regarding type of information required.) postage		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/05/2003	Payee name Yellow Taxi Cab Serv Payee address; City; State; Zip Code 1636 Bladensburg Rd NE Washington, DC 20002-1804	Amount (\$)  59.50
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
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
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		