

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p><b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b></p>		<p><b>1 ACCOUNT #</b> (Ethics Commission filers)</p>	<p><b>2 Total pages filed:</b></p>
<p><b>3 CANDIDATE / OFFICEHOLDER NAME</b></p>	<p>MS / MRS / MR                      FIRST                      MI</p> <p style="text-align: center;"><i>Addie</i></p> <p>NICKNAME                      LAST                      SUFFIX</p> <p style="text-align: center;"><i>Wiseman</i></p>	<div style="border: 2px solid black; padding: 10px;"> <p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 2em; text-align: center; margin: 5px 0;">RECEIVED</p> <p style="font-size: 1.5em; text-align: center; margin: 5px 0;">NOV 07 2003</p> <p style="font-size: 1.5em; text-align: center; margin: 5px 0;">CITY SECRETARY</p> <p style="font-size: 1.5em; text-align: center; margin: 5px 0;">10-27-03</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Received</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 0.8em; margin: 5px 0;">Receipt #                      Amount</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Processed</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Imaged</p> </div>	
<p><b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b></p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE</p> <p><i>PO Box 6667    Kingwood, Tx    77325-6667</i></p>		
<p><b>5 CANDIDATE / OFFICEHOLDER PHONE</b></p>	<p>AREA CODE                      PHONE NUMBER                      EXTENSION</p> <p><i>(281) 358-8495</i></p>		
<p><b>6 CAMPAIGN TREASURER NAME</b></p>	<p>MS / MRS / MR                      FIRST                      MI</p> <p style="text-align: center;"><i>Meg</i></p> <p>NICKNAME                      LAST                      SUFFIX</p> <p style="text-align: center;"><i>Oswald</i></p>		
<p><b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b></p>	<p>STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE</p> <p><i>4002 Evergreen Valley Ct. Kingwood Tx 77345</i></p>		
<p><b>8 CAMPAIGN TREASURER PHONE</b></p>	<p>AREA CODE                      PHONE NUMBER                      EXTENSION</p> <p><i>(281) 360-8436</i></p>		
<p><b>9 REPORT TYPE</b></p>	<p><input type="checkbox"/> January 15                      <input type="checkbox"/> 30th day before election                      <input type="checkbox"/> Runoff                      <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</p> <p><input type="checkbox"/> July 15                      <input checked="" type="checkbox"/> 8th day before election                      <input type="checkbox"/> Exceeded \$500 limit                      <input type="checkbox"/> Final report (Attach C/OH - FR)</p>		
<p><b>10 PERIOD COVERED</b></p>	<p>Month                      Day                      Year                      THROUGH                      Month                      Day                      Year</p> <p><i>09 / 26 / 03                      THROUGH                      10 / 25 / 03</i></p>		
<p><b>11 ELECTION</b></p>	<p>ELECTION DATE</p> <p>Month                      Day                      Year</p> <p><i>11 / 04 / 03</i></p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary                      <input type="checkbox"/> Runoff                      <input checked="" type="checkbox"/> General                      <input type="checkbox"/> Special</p>	
<p><b>12 OFFICE</b></p>	<p>OFFICE HELD (if any)</p> <p><i>Houston City Council; Dist. E</i></p>	<p><b>13 OFFICE SOUGHT (if known)</b></p> <p><i>Houston City Council; Dist. E</i></p>	
<p><b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b></p> <p><input type="checkbox"/> additional pages</p>	<p>.. 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. ..</p> <p>Name</p> <p>Address / PO Box;                      Apt. / Suite #;                      City;                      State;                      Zip Code</p>		

**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. 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 35,555.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 36,272.96

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

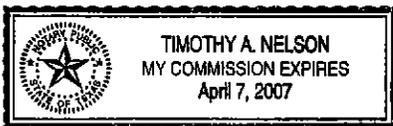
\$ 59,584.44

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 S. Wiseman*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Addie S. Wiseman, this the 27 day of October, 2003, to certify which, witness my hand and seal of office.

*Timothy A. Nelson*  
Signature of officer administering oath

Timothy A. Nelson  
Printed name of officer administering oath

Manager  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.						1 Total pages Schedule A1 10	
2 FILER NAME Addie Wiseman						3 ACCOUNT #(Ethics Commission filers)	
4 Date 10/23/2003	5 Full Name of contributor Ross C. Allyn	<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 10/23/2003	5 Full Name of contributor David Bearden	<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 10/23/2003	5 Full Name of contributor Gerald M. Brady	<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 10/23/2003	5 Full Name of contributor Ronald G. Brookfield	<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)			

**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 10/23/2003	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)
Principal occupation (Optional)		Employer (Optional)		
Date 10/23/2003	Full Name of contributor CLR Texas 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)
Principal occupation (Optional)		Employer (Optional)		
Date 10/23/2003	Full Name of contributor Carter & Burgess, Inc. Political Commit 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 10/23/2003	Full Name of contributor Ricardo G. Castaneda 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)		

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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 10/23/2003	Full Name of contributor Coats, Rose Political Action Committee Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 7,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/23/2003	Full Name of contributor Robert Cohen 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 10/23/2003	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 10/23/2003	Full Name of contributor Annette M. Dwyer 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 10/23/2003	Full Name of contributor Alberto S. Gonzalez 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 10/22/2003	Full Name of contributor Gregg & Gregg P.C. 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 10/23/2003	Full Name of contributor James W. Gustafson 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 10/23/2003	Full Name of contributor Houston Council of Engineering Companies 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**  
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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 10/22/2003	Full Name of contributor Willis Hargrave 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 10/23/2003	Full Name of contributor Randall Harris 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 10/22/2003	Full Name of contributor Hole In One Video 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 10/23/2003	Full Name of contributor Ned Holmes 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)		

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**POLITICAL CONTRIBUTIONS  
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**SCHEDULE A1**  
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The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filer)	
Date	Full Name of contributor Home-Pac Contributor address; Greater Houston Builders Association	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
10/23/2003	City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor IEC of Houston PAC Contributor address; [REDACTED]	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
10/23/2003	City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor John Irvin, Jr. Contributor address; [REDACTED]	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
10/22/2003	City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Richard Leib Contributor address; [REDACTED]	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
10/22/2003	City; State; Zip Code [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,  
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The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 10/22/2003	Full Name of contributor Alice Lupton 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)		
Date 10/23/2003	Full Name of contributor Ranney McDonough 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 10/22/2003	Full Name of contributor Robert McNair 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 10/22/2003	Full Name of contributor Meg Oswald 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)		

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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 10/23/2003	Full Name of contributor F. William Othon 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 10/23/2003	Full Name of contributor Outdoor 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)
Principal occupation (Optional)		Employer (Optional)		
Date 10/23/2003	Full Name of contributor Jack Perry Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/23/2003	Full Name of contributor Stefani Perry Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<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  
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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 10/22/2003	Full Name of contributor Janice Pfitzer 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)		
Date 10/23/2003	Full Name of contributor Jeanette Rash 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 10/23/2003	Full Name of contributor Charles L. Rash, Jr. 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 10/23/2003	Full Name of contributor Reliant Resources, Inc. 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)		

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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 James B. Russ 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)
10/23/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor S & B PAC Texas Contribution Account 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)
10/23/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Barbara Anne Shannon Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)
10/22/2003	[REDACTED]			
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Trent J. Slovak 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)
10/23/2003	[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 files)	
Date 10/23/2003	Full Name of contributor TX Friends of T 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 10/23/2003	Full Name of contributor James F. and Susan Thompson 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 10/23/2003	Full Name of contributor Turner, Collie & Braden 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 10/23/2003	Full Name of contributor Uptown Houston 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)		

**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
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FILER NAME Addie Wiseman	ACCOUNT # (Ethics Commission filers)
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Date 10/23/2003	Full Name of contributor Vinson and Elkins Texas PAC <input type="checkbox"/> out of state PAC (ID#: _____ ) Contributor address; City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
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Principal occupation (Optional)	Employer (Optional)
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Date 10/22/2003	Full Name of contributor Alan Robert Viterbi <input type="checkbox"/> out of state PAC (ID#: _____ ) Contributor address; City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
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Principal occupation (Optional)	Employer (Optional)
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Date 10/23/2003	Full Name of contributor Clinton F. Wong <input type="checkbox"/> out of state PAC (ID#: _____ ) Contributor address; City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
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Principal occupation (Optional)	Employer (Optional)
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Date 10/23/2003	Full Name of contributor Giti Zarinkel <input type="checkbox"/> out of state PAC (ID#: _____ ) Contributor address; City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
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Principal occupation (Optional)	Employer (Optional)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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## POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME Addie Wiseman		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/30/2003	5 Payee name Clear Channel 6 Payee address; City; State; Zip Code 1313 West Loop North Houston, TX 77055-	7 Amount (\$) 1,671.71
8 Purpose of expenditure (See instructions regarding type of information required.) advertising		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 09/26/2003	5 Payee name Casey Griffin 6 Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	7 Amount (\$) 144.00
8 Purpose of expenditure (See instructions regarding type of information required.) volunteer expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 10/13/2003	5 Payee name Casey Griffin 6 Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	7 Amount (\$) 144.00
8 Purpose of expenditure (See instructions regarding type of information required.) volunteer expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 10/22/2003	5 Payee name H & H Distributors 6 Payee address; City; State; Zip Code 12641 McNair Houston, TX 77015-	7 Amount (\$) 3,100.00
8 Purpose of expenditure (See instructions regarding type of information required.) delivery		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 09/30/2003	5 Payee name Kindra Hefner 6 Payee address; City; State; Zip Code 4515 Tall Ridge Court Kingwood, TX 77339-	7 Amount (\$) 2,000.00
8 Purpose of expenditure (See instructions regarding type of information required.) consulting fee		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 10/13/2003	5 Payee name Houston Community Ne 6 Payee address; City; State; Zip Code 1129 Kingwood Drive Kingwood, TX 77339-	7 Amount (\$) 395.96
8 Purpose of expenditure (See instructions regarding type of information required.) ad		9 ** 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 10/03/2003	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 10/13/2003	Payee name Kingwod Cable Payee address; City; State; Zip Code 4103 W Lake Houston Pkwy Kingwood, TX 77339-	Amount (\$)  4,380.00
Purpose of expenditure (See instructions regarding type of information required.) advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 10/22/2003	Payee name Kwik Kopy Payee address; City; State; Zip Code 2612 Chesnut Ridge Humble, TX 77339-	Amount (\$)  120.43
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 10/10/2003	Payee name Leedy Graphics Payee address; City; State; Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068-	Amount (\$)  4,394.95
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 10/03/2003	Payee name D'Ann Marro Payee address; City; State; Zip Code P. O. Box 6667 Humble, TX 77325-6667	Amount (\$)  75.00
Purpose of expenditure (See instructions regarding type of information required.) supplies reimbursement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 10/11/2003	Payee name Office Max Payee address; City; State; Zip Code 20412 US Hwy 59 North Humble, TX 77338-	Amount (\$)  89.42
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

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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 10/11/2003	Payee name Party City Payee address; City; State; Zip Code 19739 Hwy 59 Humble, TX 77338-	Amount (\$)  19.45
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 10/22/2003	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 fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 10/03/2003	Payee name Sprint Payee address; City; State; Zip Code P.O. Box 152046 Irving, TX 75015-2046	Amount (\$)  50.00
Purpose of expenditure (See instructions regarding type of information required.) phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 10/08/2003	Payee name The Production Group Payee address; City; State; Zip Code PO Box 685104 Austin, TX 78768-5104	Amount (\$)  500.00
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 10/08/2003	Payee name The Strategy Group Payee address; City; State; Zip Code 3944 N. Hampton Drive Powell, OH 43065-	Amount (\$)  4,000.00
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 10/13/2003	Payee name Time Warner Advertis Payee address; City; State; Zip Code 20 Greenway Plaza Ste 380A Houston, TX 77046-	Amount (\$)  12,555.35
Purpose of expenditure (See instructions regarding type of information required.) advertising		** 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 10/20/2003	Payee name Alec Wiseman Payee address; City; State; Zip Code 2011 Pine River Humble, TX 77339-	Amount (\$)  307.71
Purpose of expenditure (See instructions regarding type of information required.) reimbursement		** 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
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
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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