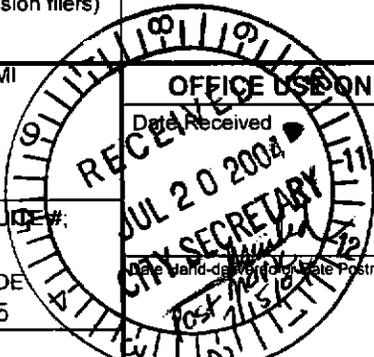


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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	MS/MRS/MR FIRST MI Council Member Addie NICKNAME LAST SUFFIX Wiseman		
4 CANDIDATE/ OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX; APT/ SUITE #; P.O. Box 6667 CITY; STATE; ZIP CODE Kingwood TX 77325		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	TITLE FIRST MI Ms. Meg NICKNAME LAST SUFFIX Oswald		
7 CAMPAIGN TREASURER'S ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; PO Box 6667 CITY; STATE; ZIP CODE Kingwood TX 77325		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 281 360-8436		
9 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)		
10 PERIOD COVERED	Month Day Year    Month Day Year 01/01/2004    THROUGH    06/30/2004		
11 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	
12 OFFICE	OFFICE HOLDER (if any) <i>HOUSTON City Council - DISTRICT E</i>	13 OFFICE SOUGHT (if known) <i>HOUSTON CITY COUNCIL - DISTRICT E</i>	
14 NOTICE OF EDIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

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

FORM C/OH

Cover Sheet pg 2

15. C/OH NAME Council Member Addie Wiseman

16. ACCOUNT # (Ethics Commission filers)

17. NOTICE FROM POLITICAL COMMITTEE(S)

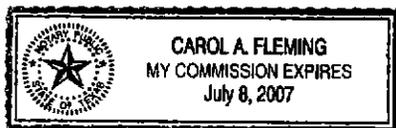
.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS UNITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36,900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS UNITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,403.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 58,100.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT

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



*Addie Wiseman*  
Signature of candidate

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 15 day of July, 2004, to certify which, witness my hand and seal of office.

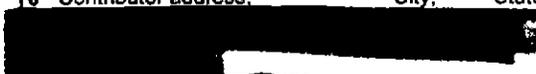
*Carol A. Fleming*  
Signature of officer administering oath

Print name of officer administering oath

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 14	
2 FILER NAME Council Member Addie Wiseman						3 ACCOUNT #(Ethics Commission files)	
4 Date 02/25/2004	5 Full Name of contributor D/I Pac 6 Contributor address; City; State; Zip Code 				7 Amount of contribution (\$) 250.00		8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 02/27/2004	5 Full Name of contributor Richard Allen 6 Contributor address; City; State; Zip Code 				7 Amount of contribution (\$) 100.00		8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 01/27/2004	5 Full Name of contributor Allen Boone Humphries LLP 6 Contributor address; City; State; Zip Code 				7 Amount of contribution (\$) 1,000.00		8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 01/20/2004	5 Full Name of contributor Andrews & Kurth L.L. 6 Contributor address; City; State; Zip Code 				7 Amount of contribution (\$) 1,000.00		8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 02/24/2004	5 Full Name of contributor Constable Bill Bailey 6 Contributor address; City; State; Zip Code 				7 Amount of contribution (\$) 250.00		8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)				10 Employer (Optional)			

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Council Member Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____ )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/03/2004	Jan Bailey Contributor address; City; State; Zip Code	100.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input checked="" type="checkbox"/> out of state PAC (ID#: _____ )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/26/2004	Banc One Corp. PAC Contributor address; City; State; Zip Code	250.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____ )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/03/2004	Larry Berkman Contributor address; City; State; Zip Code	250.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____ )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/27/2004	Gerald M. Brady Contributor address; City; State; Zip Code	500.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____ )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/27/2004	CDMPAC Contributor address; City; State; Zip Code	100.00		
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 Council Member 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)
Principal occupation (Optional)		Employer (Optional)		
Date	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)		
Date	Full Name of contributor Norman Frede 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 Norman Frede 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 Diane Gillebaard 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)		

**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 Council Member Addie Wiseman				ACCOUNT #(Ethics Commission filers)
Date 03/03/2004	Full Name of contributor David Gordon Contributor address; [REDACTED]	<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 03/03/2004	Full Name of contributor Rick Gronto 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 03/01/2004	Full Name of contributor Ramesh Gunda Contributor address; [REDACTED]	<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 01/01/2004	Full Name of contributor Halliburton Company PAC Contributor address; [REDACTED]	<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 01/27/2004	Full Name of contributor Duni Hebron Contributor address; [REDACTED]	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

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**POLITICAL CONTRIBUTIONS  
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 Council Member Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 02/24/2004	Full Name of contributor Hermes Architects PAC Contributor address; [REDACTED]	<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 01/23/2004	Full Name of contributor Home-Pac Contributor address; [REDACTED]	<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 02/24/2004	Full Name of contributor Home-Pac Contributor address; [REDACTED]	<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 02/15/2004	Full Name of contributor Houston Realty Breakfast PAC Contributor address; [REDACTED]	<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 02/25/2004	Full Name of contributor IEC of Houston PAC Contributor address; [REDACTED]	<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 Council Member Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 01/30/2004	Full Name of contributor Patrica K. Joiner 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 02/25/2004	Full Name of contributor Nathelyne A. Kennedy Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 01/26/2004	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 (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 02/26/2004	Full Name of contributor LAN-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 02/25/2004	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)
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 Council Member Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 01/26/2004	Full Name of contributor Linebarger Goggan Contributor address: [REDACTED]	<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 03/02/2004	Full Name of contributor Daniel Lynch Contributor address: [REDACTED]	<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 01/01/2004	Full Name of contributor David F. Martinez Contributor address: [REDACTED]	<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 01/27/2004	Full Name of contributor David F. Martinez Contributor address: [REDACTED]	<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 02/26/2004	Full Name of contributor Glenn Masterson 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)		

**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 Council Member Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date	Full Name of contributor Mayer, Brown, Rowe & 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)
02/25/2004				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Ranney 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)
02/26/2004				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Ranney W. 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)
01/27/2004				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Trinidad Mendenhall 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)
02/24/2004				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Martha Morrison 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)
02/26/2004				
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 Council Member Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 02/25/2004	Full Name of contributor F. William Othon 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 01/24/2004	Full Name of contributor Outdoor P.A.C. 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 02/27/2004	Full Name of contributor Bob J. 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 02/27/2004	Full Name of contributor Doylene 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 02/26/2004	Full Name of contributor Stephen Powell 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)		

**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 Council Member Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date	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)
01/27/2004				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Reddy 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)
03/03/2004				
Principal occupation (Optional)		Employer (Optional)		
Date	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)
02/12/2004				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Chris Richardson 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)
01/19/2004				
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Mark Sappington 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)
02/26/2004				
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 Council Member Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 01/22/2004	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)
Principal occupation (Optional)		Employer (Optional)		
Date 03/03/2004	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 02/05/2004	Full Name of contributor Sparks-Barlow-Barnett Partnership 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 02/26/2004	Full Name of contributor Michael Surface 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 01/21/2004	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)		

**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 Council Member Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 01/01/2004	Full Name of contributor Texas Assoc. of Realtors 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 01/27/2004	Full Name of contributor Raymond Turner 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 01/27/2004	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 01/29/2004	Full Name of contributor Vinson & Elkins 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 02/24/2004	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)
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 Council Member Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date	Full Name of contributor Wayne Webber Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/03/2004			2,000.00	
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Chris Wilmot Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/27/2004			500.00	
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Gloria Wong Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/03/2004			100.00	
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Giti Zarinkelk Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/13/2004			500.00	
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Giti Zarinkelk Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/27/2004			250.00	
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 Council Member Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 02/26/2004	Full Name of contributor Giti Zarinkel 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 / /	Full Name of contributor	<input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date / /	Full Name of contributor	<input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date / /	Full Name of contributor	<input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	
Date / /	Full Name of contributor	<input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)	

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

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

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: 14
<b>2</b> FILER NAME Council Member Addie Wiseman		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 05/04/2004	<b>5</b> Payee name B Smith <b>6</b> Payee address; City; State; Zip Code 50 Mass. Ave., Washington, DC 20002-	<b>7</b> Amount (\$) 61.70
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) meals		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
<b>4</b> Date 01/02/2004	<b>5</b> Payee name Bay Area Metropolitan Ballett <b>6</b> Payee address; City; State; Zip Code P.O. Box 580466 Houston, TX 77258-	<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 Office held / sought
<b>4</b> Date 01/26/2004	<b>5</b> Payee name Bay Area Republican Women PAC <b>6</b> Payee address; City; State; Zip Code 1314 Sprint Crest Lane Lillian Keeney Seabrook, TX 77586-	<b>7</b> Amount (\$) 500.00
<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 Office held / sought
<b>4</b> Date 02/06/2004	<b>5</b> Payee name Bay Area Republican Women PAC <b>6</b> Payee address; City; State; Zip Code 1314 Sprint Crest Lane Lillian Keeney Seabrook, TX 77586-	<b>7</b> Amount (\$) 500.00
<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 Office held / sought
<b>4</b> Date 04/30/2004	<b>5</b> Payee name Best Buy <b>6</b> Payee address; City; State; Zip Code 7318 FM 1960 West Houston, TX 77070-	<b>7</b> Amount (\$) 3,203.33
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) equipment		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
<b>4</b> Date 05/12/2004	<b>5</b> Payee name Cingular Wireless <b>6</b> Payee address; City; State; Zip Code 4536 Kingwood Drive Kingwood, TX 77345-	<b>7</b> Amount (\$) 215.41
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.)		<b>9</b> ** 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 Council Member Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 01/05/2004	Payee name Clear Lake Chamber of Commerce ----- Payee address; City; State; Zip Code  1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$)  275.00
Purpose of expenditure (See instructions regarding type of information required.) donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/19/2004	Payee name Clear Lake Chamber of Commerce ----- Payee address; City; State; Zip Code  1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$)  243.56
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/23/2004	Payee name Clear Lake Chamber of Commerce ----- Payee address; City; State; Zip Code  1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$)  50.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/23/2004	Payee name Clear Lake Chamber of Commerce ----- Payee address; City; State; Zip Code  1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$)  150.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 03/16/2004	Payee name Continental Airlines ----- Payee address; City; State; Zip Code  P.O. Box 1394 Houston, TX 77257-	Amount (\$)  200.00
Purpose of expenditure (See instructions regarding type of information required.) airfare		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 03/22/2004	Payee name Continental Airlines ----- Payee address; City; State; Zip Code  P.O. Box 1394 Houston, TX 77257-	Amount (\$)  100.00
Purpose of expenditure (See instructions regarding type of information required.) airfare		** 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 Council Member Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 01/05/2004	Payee name Downtown Aquarium Payee address; City; State; Zip Code 410 Bagby Houston, TX 77002-	Amount (\$)  370.00
Purpose of expenditure (See instructions regarding type of information required.) Inaugrral event		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 02/25/2004	Payee name Events Payee address; City; State; Zip Code 5403 S. Rice Ave. Houston, TX 77056-	Amount (\$)  211.09
Purpose of expenditure (See instructions regarding type of information required.) catering		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/13/2004	Payee name Flowers Etc. Payee address; City; State; Zip Code 14010 Post Oak Road Houston, TX 77045-5166	Amount (\$)  412.38
Purpose of expenditure (See instructions regarding type of information required.) event supplies		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 02/16/2004	Payee name Friends of Bay Area Turning Point Payee address; City; State; Zip Code 210 S. Walnut Webster, TX 77598-	Amount (\$)  200.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/03/2004	Payee name Fry's Electronics Payee address; City; State; Zip Code 10241 North Freeway Houston, TX 77037-	Amount (\$)  2,359.49
Purpose of expenditure (See instructions regarding type of information required.) equipment		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 01/06/2004	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$)  75.00
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 Council Member Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 01/26/2004	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 72.56
Purpose of expenditure (See instructions regarding type of information required.) reception supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 03/24/2004	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 201.92
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/23/2004	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 169.25
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 01/16/2004	Payee name Casey Griffin Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	Amount (\$) 144.00
Purpose of expenditure (See instructions regarding type of information required.) volunteer expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 01/27/2004	Payee name Casey Griffin Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	Amount (\$) 144.00
Purpose of expenditure (See instructions regarding type of information required.) volunteer expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/13/2004	Payee name Casey Griffin Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	Amount (\$) 144.00
Purpose of expenditure (See instructions regarding type of information required.) volunteer expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought

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

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Council Member Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 03/13/2004	Payee name Casey Griffin Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	Amount (\$) 450.00
Purpose of expenditure (See instructions regarding type of information required.) volunteer expense		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 03/29/2004	Payee name Casey Griffin Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	Amount (\$) 144.00
Purpose of expenditure (See instructions regarding type of information required.) volunteer expense		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/10/2004	Payee name Casey Griffin Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	Amount (\$) 144.00
Purpose of expenditure (See instructions regarding type of information required.) volunteer expense		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/13/2004	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.) ad		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 03/25/2004	Payee name Harris County Republican Party Payee address; City; State; Zip Code 3311 Richmond Ste 218 Houston, TX 77098-	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 05/10/2004	Payee name Heritage Center Payee address; City; State; Zip Code 2825 W Town Center Circle Michael A. Fuhre Humble, TX 77325-	Amount (\$) 180.00
Purpose of expenditure (See instructions regarding type of information required.) rental fee		** 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 Council Member Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 06/02/2004	Payee name Heritage Center ----- Payee address; City; State; Zip Code 2825 W Town Center Circle Michael A. Fuhre Humble, TX 77325-	Amount (\$)  35.00
Purpose of expenditure (See instructions regarding type of information required.) room rental		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 01/05/2004	Payee name Houston Livestock Show & Rodeo ----- Payee address; City; State; Zip Code PO Box 20070 Houston, TX 77225-	Amount (\$)  50.00
Purpose of expenditure (See instructions regarding type of information required.) contribution		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 02/17/2004	Payee name Houston Livestock Show & Rodeo ----- Payee address; City; State; Zip Code PO Box 20070 Houston, TX 77225-	Amount (\$)  350.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 03/15/2004	Payee name Houston Livestock Show & Rodeo ----- Payee address; City; State; Zip Code PO Box 20070 Houston, TX 77225-	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 06/02/2004	Payee name Houston Military Affairs Committee ----- Payee address; City; State; Zip Code Bagby Houston, TX 77002-	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 05/07/2004	Payee name Hyatt Grand at Washington ----- Payee address; City; State; Zip Code 1000 H Street N.W. Washington, DC 20001-	Amount (\$)  9.95
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 Council Member Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 05/10/2004	Payee name Hyatt Grand at Washington Payee address; City; State; Zip Code 1000 H Street N.W. Washington, DC 20001-	Amount (\$)  1,700.35
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 05/10/2004	Payee name Hyatt Grand at Washington Payee address; City; State; Zip Code 1000 H Street N.W. Washington, DC 20001-	Amount (\$)  122.16
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 05/10/2004	Payee name Hyatt Grand at Washington Payee address; City; State; Zip Code 1000 H Street N.W. Washington, DC 20001-	Amount (\$)  4.40
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 05/13/2004	Payee name Incarnate Word Academy Payee address; City; State; Zip Code 1800 Dismuke St. Houston, TX 77023-	Amount (\$)  150.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/26/2004	Payee name Irma's Payee address; City; State; Zip Code 1314 Texas Houston, TX 77002-	Amount (\$)  400.00
Purpose of expenditure (See instructions regarding type of information required.) catering		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 05/13/2004	Payee name Irma's Payee address; City; State; Zip Code 1314 Texas Houston, TX 77002-	Amount (\$)  38.50
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought

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

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Council Member Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 01/05/2004	Payee name Kingwood Executive Suites 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
Date 02/11/2004	Payee name Kingwood Executive Suites 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
Date 03/24/2004	Payee name Kingwood Executive Suites 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
Date 04/17/2004	Payee name Kingwood Executive Suites 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
Date 01/26/2004	Payee name Kiwanis Club of Kingwood Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-	Amount (\$) 750.00
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 05/13/2004	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.) ad		** 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 Council Member Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 05/05/2004	Payee name La Perla Ristorante Payee address; City; State; Zip Code 2600 Penn Ave., NW Washington, DC 20037-	Amount (\$)  33.35
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/18/2004	Payee name Office Depot Payee address; City; State; Zip Code U.S. Hwy. 59 North Humble, TX 77338-	Amount (\$)  783.65
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 02/19/2004	Payee name Office Max Payee address; City; State; Zip Code 20412 US Hwy 59 North Humble, TX 77338-	Amount (\$)  57.31
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 05/03/2004	Payee name Office Max Payee address; City; State; Zip Code 20412 US Hwy 59 North Humble, TX 77338-	Amount (\$)  139.80
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 05/07/2004	Payee name Old Ebbitt Grill Payee address; City; State; Zip Code 675 15th Street NW Washington, DC 20005-	Amount (\$)  99.93
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/10/2004	Payee name Party Boy Payee address; City; State; Zip Code 1515 Studemont Street Houston, TX 77007-	Amount (\$)  148.79
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

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

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Council Member Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 02/23/2004	Payee name San Jacinto Pachyderm Club Payee address; City; State; Zip Code P.O. Box 3989 Humble, TX 77347-	Amount (\$)  250.00
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 03/20/2004	Payee name Southbelt Ellington Leader Payee address; City; State; Zip Code 11555 Beamer Rd., Ste. 100 Houston, TX 77089-	Amount (\$)  3,395.63
Purpose of expenditure (See instructions regarding type of information required.) printing		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 01/02/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  1.50
Purpose of expenditure (See instructions regarding type of information required.) service fee		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 01/05/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  1.25
Purpose of expenditure (See instructions regarding type of information required.) service fee		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 01/05/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  1.50
Purpose of expenditure (See instructions regarding type of information required.) service fee		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 02/26/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  1.25
Purpose of expenditure (See instructions regarding type of information required.) service fee		** 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 Council Member Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 02/26/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  1.50
Purpose of expenditure (See instructions regarding type of information required.) service fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 03/16/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  1.25
Purpose of expenditure (See instructions regarding type of information required.) service fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 03/16/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  3.00
Purpose of expenditure (See instructions regarding type of information required.) service fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 03/22/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  1.25
Purpose of expenditure (See instructions regarding type of information required.) service fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 03/22/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  1.75
Purpose of expenditure (See instructions regarding type of information required.) service fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/05/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  1.50
Purpose of expenditure (See instructions regarding type of information required.) service fee		** 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 Council Member Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 04/05/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  1.50
Purpose of expenditure (See instructions regarding type of information required.) service fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/07/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  1.50
Purpose of expenditure (See instructions regarding type of information required.) service fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 04/07/2004	Payee name Southwest Bank of Texas Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459	Amount (\$)  1.50
Purpose of expenditure (See instructions regarding type of information required.) service fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 01/26/2004	Payee name Sprint Payee address; City; State; Zip Code P.O. Box 152046 Irving, TX 75015-2046	Amount (\$)  50.00
Purpose of expenditure (See instructions regarding type of information required.) phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 02/23/2004	Payee name Sprint Payee address; City; State; Zip Code P.O. Box 152046 Irving, TX 75015-2046	Amount (\$)  100.00
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 04/27/2004	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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Council Member Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 05/13/2004	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 ** Office held / sought Candidate / Officeholder name
Date 06/01/2004	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 ** Office held / sought Candidate / Officeholder name
Date 06/02/2004	Payee name Stoked Payee address; City; State; Zip Code Rustic Woods Humble, TX 77339-	Amount (\$)  250.00
Purpose of expenditure (See instructions regarding type of information required.) community event fee		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/10/2004	Payee name Tortilla Coast Payee address; City; State; Zip Code 400 1st Street, SE Washington, DC 20003-	Amount (\$)  38.09
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/05/2004	Payee name U.S. House Office Supply Payee address; City; State; Zip Code Longworth HOB Washington, DC 20515-	Amount (\$)  3.50
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 05/07/2004	Payee name U.S. Senate Office Gift Shop Payee address; City; State; Zip Code Russell SOB Washington, DC 20510-	Amount (\$)  40.00
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
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		