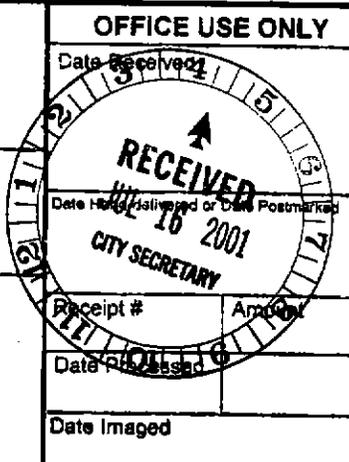


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

FORM C/OH

Cover Sheet pg 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total Pages Filed:
3. CANDIDATE / OFFICEHOLDER NAME	TITLE NICKNAME	FIRST Addie LAST Wiseman	MI SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX; 2011 Pine River Drive CITY: Kingwood		APT/ SUITE #; STATE: TX ZIP CODE 77339
5 CAMPAIGN TREASURER NAME	TITLE NICKNAME	FIRST Meg LAST Oswald	MI SUFFIX
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET OR PO BOX; 4002 Evergreen Valley Ct. CITY: Kingwood		APT/SUITE #; STATE: TX ZIP CODE 77345
7 CAMPAIGN TREASURER PHONE	AREA CODE 281	PHONE NUMBER 360-8436	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Runoff <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year 02/01/2001		Month Day Year 06/30/2001
10 ELECTION	ELECTION DATE Month Day Year 11/06/2001	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HOLDER (if any)	12 OFFICE SOUGHT (if known) Houston City Council, Dist. E	
13 DIRECT 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 expenditures. ... 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

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

16. NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURE NAME

COMMITTEE CAMPAIGN TREASURE ADDRESS

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS UNITEMIZED	\$	875.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,334.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS UNITEMIZED	\$	84.75
	4. TOTAL POLITICAL EXPENDITURES	\$	7,847.91
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

19 AFFIDAVIT



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

Addie Wiseman

Signature of Candidate

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Addie Wiseman, this the 16th day of July, 2001, to certify which, witness my hand and seal of office.

Troy D. Lemon

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 10	
2 FILER NAME Addie Wiseman						3 ACCOUNT #(Ethics Commission filers)	
4 Date 06/30/2001	5 Full Name of contributor Sherri Andrews <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Kingwood, TX 77339-		7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 06/30/2001	5 Full Name of contributor Carol Arnold <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Hiram, GA 30141-		7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 06/30/2001	5 Full Name of contributor Charles Beyer <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Spring, TX 77379-6791		7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 06/19/2001	5 Full Name of contributor Mark Boyer <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77064-		7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 06/30/2001	5 Full Name of contributor Johnny Brooks <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Humble, TX 77346-1500		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 Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Jim Bryan	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/16/2001	Contributor address; City; State; Zip Code [REDACTED] Humble, TX 77339-	25.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) James Dannenbaum	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/19/2001	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77098-	1,000.00		
Principal occupation (Optional) Executive		Employer (Optional) Dannenbaum Engineering		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Phil and Pam Elmer	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/30/2001	Contributor address; City; State; Zip Code [REDACTED] Kingwood, TX 77345-	100.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Martha Galvan	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/19/2001	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77018-	75.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) C. M. Garver	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/30/2001	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023-	500.00		
Principal occupation (Optional)		Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1
 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC,
SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 06/16/2001	Full Name of contributor Anthony Geldens Contributor address; [REDACTED] Humble, TX 77345-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/19/2001	Full Name of contributor Anthony Geldens Contributor address; [REDACTED] Humble, TX 77345-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/16/2001	Full Name of contributor Glenn W. Grantom Contributor address; [REDACTED] Humble, TX 77339-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/28/2001	Full Name of contributor Claude Guest Contributor address; [REDACTED] Spring, TX 77380-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Executive		Employer (Optional) Minuteman Press		
Date 06/30/2001	Full Name of contributor Hawes, Hill and Asso Contributor address; [REDACTED] Houston, TX 77074-	<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)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 06/16/2001	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Alan Helfman Contributor address; _____ City; State; Zip Code _____ Houston, TX 77024-	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2001	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Juanita Heras Contributor address; _____ City; State; Zip Code _____ Corpus Christi, TX 78415-	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)		Employer (Optional)		
Date 06/16/2001	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Edelmira Holland Contributor address; _____ City; State; Zip Code _____ Houston, TX 77034-	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2001	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Ellen M. Honzik Contributor address; _____ City; State; Zip Code _____ Austin, TX 78729-	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2001	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) James R. Jard Contributor address; _____ City; State; Zip Code _____ Houston, TX 77024-	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)		Employer (Optional)		
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission files)	
Date 06/19/2001	Full Name of contributor Debbie Johnson Contributor address; URS Corporation [REDACTED] Houston, TX 77042-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional) URS Corporation		
Date 06/16/2001	Full Name of contributor Raymond K. Johnson Contributor address; [REDACTED] Humble, TX 77339-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/16/2001	Full Name of contributor Kelsey Contributor address; [REDACTED] Houston, TX 77068-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/16/2001	Full Name of contributor John Lagace Contributor address; [REDACTED] Humble, TX 77339-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2001	Full Name of contributor Robert O. Little, Jr. Contributor address; [REDACTED] Humble, TX 77339-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission files)	
Date 06/16/2001	Full Name of contributor Alice Lupton Contributor address; [REDACTED] Humble, TX 77339-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/16/2001	Full Name of contributor Robert Lux Contributor address; [REDACTED] The Woodlands, TX 77381-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/28/2001	Full Name of contributor Mary Matteson Contributor address; [REDACTED] Spring, TX 77380-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Executive		Employer (Optional) Woodlands Custom Homes		
Date 06/30/2001	Full Name of contributor Sara L. Nowak Contributor address; [REDACTED] Kingwood, TX 77339-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/16/2001	Full Name of contributor Meg Oswald Contributor address; [REDACTED] Kingwood, TX 77345-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 06/16/2001	Full Name of contributor Valerie Pavel Contributor address; [REDACTED] Humble, TX 77339-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2001	Full Name of contributor Jeanette Rash Contributor address; [REDACTED] Houston, TX 77020-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/16/2001	Full Name of contributor Susan Reese Contributor address; [REDACTED] Kingwood, TX 77345-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/16/2001	Full Name of contributor Anna C. Rice Contributor address; [REDACTED] Houston, TX 77061-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/16/2001	Full Name of contributor Howard E. Rose Contributor address; [REDACTED] Humble, TX 77339-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 06/30/2001	Full Name of contributor Diane Mary Ryan Contributor address; [REDACTED] Kingwood, TX 77339-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/16/2001	Full Name of contributor Arthur Schevalier Contributor address; [REDACTED] Houston, TX 77098-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/16/2001	Full Name of contributor Tom Stoltz Contributor address; [REDACTED] Humble, TX 77325-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/19/2001	Full Name of contributor Jon Strange Contributor address; [REDACTED] Katy, TX 77494-1808	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/16/2001	Full Name of contributor John A. Stroehlein Contributor address; [REDACTED] Houston, TX 77019-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 06/19/2001	Full Name of contributor Michael Sullivan Contributor address: [REDACTED] Kingwood, TX 77345-	<input type="checkbox"/> out of state PAC (ID#: _____) City: State: Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2001	Full Name of contributor Rebecca Swerdloff Contributor address: [REDACTED] Kingwood, TX 77345-	<input type="checkbox"/> out of state PAC (ID#: _____) City: State: Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/19/2001	Full Name of contributor David Walden Contributor address: [REDACTED] Houston, TX 77096-2503	<input type="checkbox"/> out of state PAC (ID#: _____) City: State: Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/14/2001	Full Name of contributor Sue Walden Contributor address: [REDACTED] Houston, TX 77096-	<input type="checkbox"/> out of state PAC (ID#: _____) City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) 359.00 RECEPTION
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2001	Full Name of contributor Stacey Willms Contributor address: [REDACTED] Kingwood, TX 77345-	<input type="checkbox"/> out of state PAC (ID#: _____) City: State: Zip Code	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filer)	
Date 06/16/2001	Full Name of contributor Catherine Wray Contributor address; [REDACTED] Houston, TX 77041-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 06/30/2001	Full Name of contributor Fred S. Zeidman Contributor address; [REDACTED] Houston, TX 77019-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date / /	Full Name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date / /	Full Name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date / /	Full Name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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.						1 Total pages Schedule F: 1	
2 FILER NAME Addie Wiseman						3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/15/2001		5 Payee name Leedy Graphics				7 Amount (\$)	
		6 Payee address; City; State; Zip Code Larry Leedy Houston, TX 77068-				1,302.25	
8 Purpose of expenditure (See instructions regarding type of information required.) printing						9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date 04/11/2001		5 Payee name South Woodland Hills				7 Amount (\$)	
		6 Payee address; City; State; Zip Code Kingwood, TX 77339-				20.00	
8 Purpose of expenditure (See instructions regarding type of information required.) room rental						9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date 04/11/2001		5 Payee name South Woodland Hills				7 Amount (\$)	
		6 Payee address; City; State; Zip Code Kingwood, TX 77339-				25.00	
8 Purpose of expenditure (See instructions regarding type of information required.) room clean-up						9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date / /		5 Payee name				7 Amount (\$)	
		6 Payee address; City; State; Zip Code					
8 Purpose of expenditure (See instructions regarding type of information required.)						9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date / /		5 Payee name				7 Amount (\$)	
		6 Payee address; City; State; Zip Code					
8 Purpose of expenditure (See instructions regarding type of information required.)						9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	
4 Date / /		5 Payee name				7 Amount (\$)	
		6 Payee address; City; State; Zip Code					
8 Purpose of expenditure (See instructions regarding type of information required.)						9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**
SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 4
2 FILER NAME Addie Wiseman		3 ACCOUNT #
4 Date 02/14/2001	5 Payee name Bay Area Republican 6 Payee address; City; State; Zip Code [REDACTED] Lillian Keeney Seabrook, TX 77586- 7 Purpose of expenditure (See instructions regarding type of information required.) ticket contribution	8 Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4 Date 03/12/2001	5 Payee name Tom Butler 6 Payee address; City; State; Zip Code [REDACTED] La Porte, TX 77571- 7 Purpose of expenditure (See instructions regarding type of information required.) consulting	8 Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4 Date 03/12/2001	5 Payee name Tom Butler 6 Payee address; City; State; Zip Code [REDACTED] La Porte, TX 77571- 7 Purpose of expenditure (See instructions regarding type of information required.) consulting	8 Amount (\$) 1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4 Date 03/30/2001	5 Payee name Falk Imaging Int'l 6 Payee address; City; State; Zip Code [REDACTED] Charles Falk Kingwood, TX 77339- 7 Purpose of expenditure (See instructions regarding type of information required.) photography	8 Amount (\$) 112.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4 Date 04/27/2001	5 Payee name Falk Imaging Int'l 6 Payee address; City; State; Zip Code [REDACTED] Charles Falk Kingwood, TX 77339- 7 Purpose of expenditure (See instructions regarding type of information required.) photography	8 Amount (\$) 111.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**
SCHEDULE G

The Instruction Guide explains how to complete this form.		Total pages Schedule G:
FILER NAME Addie Wiseman		ACCOUNT #
Date 02/09/2001	Payee name Humble Council PTA Payee address; City; State; Zip Code [REDACTED] Kingwood, TX 77339- Purpose of expenditure (See instructions regarding type of information required.) contribution	Amount (\$) 150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/28/2001	Payee name Kingwood Area Republ Payee address; City; State; Zip Code [REDACTED] Carla Copp Kingwood, TX 77345- Purpose of expenditure (See instructions regarding type of information required.) ticket contribution	Amount (\$) 280.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/10/2001	Payee name Lake Houston Shores Payee address; City; State; Zip Code [REDACTED] Nancy Crabb Humble, TX 77346- Purpose of expenditure (See instructions regarding type of information required.) ticket contribution	Amount (\$) 70.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/19/2001	Payee name Logostuff Payee address; City; State; Zip Code [REDACTED] Nancy Shortsleeve Humble, TX 77346- Purpose of expenditure (See instructions regarding type of information required.) campaign supplies	Amount (\$) 578.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/26/2001	Payee name Minuteman Press Payee address; City; State; Zip Code [REDACTED] Humble, TX 77338- Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) 377.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**
SCHEDULE G

The Instruction Guide explains how to complete this form.		Total pages Schedule G:
FILER NAME Addie Wiseman		ACCOUNT #
Date 04/11/2001	Payee name Minuteman Press Payee address; City; State; Zip Code [REDACTED] Humble, TX 77338- Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) 156.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/19/2001	Payee name Minuteman Press Payee address; City; State; Zip Code [REDACTED] Humble, TX 77338- Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) 64.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/27/2001	Payee name Minuteman Press Payee address; City; State; Zip Code [REDACTED] Humble, TX 77338- Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) 259.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/03/2001	Payee name Minuteman Press Payee address; City; State; Zip Code [REDACTED] Humble, TX 77338- Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) 771.82 <input type="checkbox"/> Reimbursement from political contributions intended
Date 05/16/2001	Payee name Minuteman Press Payee address; City; State; Zip Code [REDACTED] Humble, TX 77338- Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) 846.52 <input type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**
SCHEDULE G

The Instruction Guide explains how to complete this form.		Total pages Schedule G:
FILER NAME Addie Wiseman		ACCOUNT #
Date 04/19/2001	Payee name Postmaster ----- Payee address; City; State; Zip Code Kingwood, TX 77345- Purpose of expenditure (See instructions regarding type of information required.) postage	Amount (\$) 106.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/01/2001	Payee name Randalls ----- Payee address; City; State; Zip Code Kingwood, TX 77345- Purpose of expenditure (See instructions regarding type of information required.) reception refreshment	Amount (\$) 244.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/20/2001	Payee name Southwest Bank of Te ----- Payee address; City; State; Zip Code Houston, TX 77227-7459 Purpose of expenditure (See instructions regarding type of information required.) check order	Amount (\$) 39.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/13/2001	Payee name Nancy Williams ----- Payee address; City; State; Zip Code Kingwood, TX 77339- Purpose of expenditure (See instructions regarding type of information required.) Consulting	Amount (\$) 80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date / /	Payee name ----- Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.						1 Total pages Schedule F: 1
2 FILER NAME Addie Wiseman						3 ACCOUNT # (Ethics Commission filers)
4 Date 06/15/2001	5 Payee name Leedy Graphics	6 Payee address; City; State; Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068-				7 Amount (\$) 1,302.25
8 Purpose of expenditure (See instructions regarding type of information required.) printing					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
4 Date 04/11/2001	5 Payee name South Woodland Hills	6 Payee address; City; State; Zip Code Kingwood, TX 77339-				7 Amount (\$) 20.00
8 Purpose of expenditure (See instructions regarding type of information required.) room rental					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
4 Date 04/11/2001	5 Payee name South Woodland Hills	6 Payee address; City; State; Zip Code Kingwood, TX 77339-				7 Amount (\$) 25.00
8 Purpose of expenditure (See instructions regarding type of information required.) room clean-up					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
4 Date / /	5 Payee name	6 Payee address; City; State; Zip Code				7 Amount (\$)
8 Purpose of expenditure (See instructions regarding type of information required.)					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
4 Date / /	5 Payee name	6 Payee address; City; State; Zip Code				7 Amount (\$)
8 Purpose of expenditure (See instructions regarding type of information required.)					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
4 Date / /	5 Payee name	6 Payee address; City; State; Zip Code				7 Amount (\$)
8 Purpose of expenditure (See instructions regarding type of information required.)					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**
SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 4
2 FILER NAME Addie Wiseman		3 ACCOUNT #
4 Date 02/14/2001	5 Payee name Bay Area Republican 6 Payee address; City; State; Zip Code 1314 Sprint Crest Lane Lillian Keeney Seabrook, TX 77586- 7 Purpose of expenditure (See instructions regarding type of information required.) ticket contribution	8 Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4 Date 03/12/2001	5 Payee name Tom Butler 6 Payee address; City; State; Zip Code 9999 W. Main La Porte, TX 77571- 7 Purpose of expenditure (See instructions regarding type of information required.) consulting	8 Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4 Date 03/12/2001	5 Payee name Tom Butler 6 Payee address; City; State; Zip Code 9999 W. Main La Porte, TX 77571- 7 Purpose of expenditure (See instructions regarding type of information required.) consulting	8 Amount (\$) 1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4 Date 03/30/2001	5 Payee name Falk Imaging Int'l 6 Payee address; City; State; Zip Code 1525 Lakeville Drive Suite 250 Charles Falk Kingwood, TX 77339- 7 Purpose of expenditure (See instructions regarding type of information required.) photography	8 Amount (\$) 112.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4 Date 04/27/2001	5 Payee name Falk Imaging Int'l 6 Payee address; City; State; Zip Code 1525 Lakeville Drive Suite 250 Charles Falk Kingwood, TX 77339- 7 Purpose of expenditure (See instructions regarding type of information required.) photography	8 Amount (\$) 111.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
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SCHEDULE G

The Instruction Guide explains how to complete this form.		Total pages Schedule G:
FILER NAME Addie Wiseman		ACCOUNT #
Date 02/09/2001	Payee name Humble Council PTA <hr/> Payee address; City; State; Zip Code 1922 Running Springs Kingwood, TX 77339- Purpose of expenditure (See instructions regarding type of information required.) contribution	Amount (\$) 150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/28/2001	Payee name Kingwood Area Republ <hr/> Payee address; City; State; Zip Code 5310 Beaver Lodge Carla Copp Kingwood, TX 77345- Purpose of expenditure (See instructions regarding type of information required.) ticket contribution	Amount (\$) 280.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/10/2001	Payee name Lake Houston Shores <hr/> Payee address; City; State; Zip Code 20319 Arrow Cove Drive Nancy Crabb Humble, TX 77346- Purpose of expenditure (See instructions regarding type of information required.) ticket contribution	Amount (\$) 70.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/19/2001	Payee name Logostuff <hr/> Payee address; City; State; Zip Code 20011 Cherry Oaks Lane Nancy Shertsleeve Humble, TX 77346- Purpose of expenditure (See instructions regarding type of information required.) campaign supplies	Amount (\$) 578.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/26/2001	Payee name Minuteman Press <hr/> Payee address; City; State; Zip Code 238 E. First Street Humble, TX 77338- Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) 377.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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**POLITICAL EXPENDITURES
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SCHEDULE G

The Instruction Guide explains how to complete this form.		Total pages Schedule G:
FILER NAME Addie Wiseman		ACCOUNT #
Date 04/11/2001	Payee name Minuteman Press Payee address; City; State; Zip Code 238 E. First Street Humble, TX 77338- Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) 156.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/19/2001	Payee name Minuteman Press Payee address; City; State; Zip Code 238 E. First Street Humble, TX 77338- Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) 64.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/27/2001	Payee name Minuteman Press Payee address; City; State; Zip Code 238 E. First Street Humble, TX 77338- Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) 259.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/03/2001	Payee name Minuteman Press Payee address; City; State; Zip Code 238 E. First Street Humble, TX 77338- Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) 771.82 <input type="checkbox"/> Reimbursement from political contributions intended
Date 05/16/2001	Payee name Minuteman Press Payee address; City; State; Zip Code 238 E. First Street Humble, TX 77338- Purpose of expenditure (See instructions regarding type of information required.) printing	Amount (\$) 846.52 <input type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
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SCHEDULE G

The Instruction Guide explains how to complete this form.		Total pages Schedule G:
FILER NAME Addie Wiseman		ACCOUNT #
Date 04/19/2001	Payee name Postmaster Payee address; City; State; Zip Code 4025 Feather Lake Way Kingwood, TX 77345- Purpose of expenditure (See instructions regarding type of information required.) postage	Amount (\$) 106.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 05/01/2001	Payee name Randalls Payee address; City; State; Zip Code 4540 Kingwood Drive Kingwood, TX 77345- Purpose of expenditure (See instructions regarding type of information required.) reception refreshment	Amount (\$) 244.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/20/2001	Payee name Southwest Bank of Te Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459 Purpose of expenditure (See instructions regarding type of information required.) check order	Amount (\$) 39.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 02/13/2001	Payee name Nancy Williams Payee address; City; State; Zip Code 1110 Kingwood Drive Suite 201A Kingwood, TX 77339- Purpose of expenditure (See instructions regarding type of information required.) Consulting	Amount (\$) 80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date / /	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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