

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER 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 ITEMIZED

\$ 445.00

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

\$ 18,145.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 6,533.25

OUTSTANDING LOAN TOTALS

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

\$ 5,000.00

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.

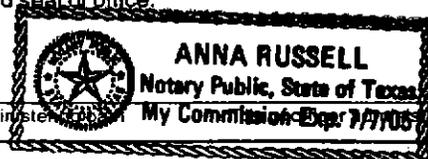
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Addie Wiseman, this the 9th day of October, 2001, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name 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 12	
2 FILER NAME Addie Wiseman					3 ACCOUNT #(Ethics Commission filers)	
4 Date 09/25/2001	5 Full Name of contributor 3 D/i Pac 6 Contributor address; Houston, TX 77027-	<input type="checkbox"/> out of state PAC (ID#: _____) 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 09/21/2001	5 Full Name of contributor Joseph J. Adams 6 Contributor address; Houston, TX 77002-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)			10 Employer (Optional)			
4 Date 09/25/2001	5 Full Name of contributor Dorothy Alspaugh 6 Contributor address; Kingwood, TX 77345-	<input type="checkbox"/> out of state PAC (ID#: _____) 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 09/25/2001	5 Full Name of contributor Dionel E. Aviles 6 Contributor address; Houston, TX 77077-1942	<input type="checkbox"/> out of state PAC (ID#: _____) 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 09/26/2001	5 Full Name of contributor Larry Barfield 6 Contributor address; Houston, TX 77070-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)			10 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>						

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OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1
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SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 09/25/2001	Full Name of contributor Larry Berkman Contributor address; [REDACTED] Houston, TX 77056-	<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 09/25/2001	Full Name of contributor James C. Box Contributor address; [REDACTED] Houston, TX 77040-1315	<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 09/25/2001	Full Name of contributor John Breeding 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 09/26/2001	Full Name of contributor L.S. Brown Contributor address; [REDACTED] Houston, TX 77077-	<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 09/26/2001	Full Name of contributor Ricardo G. Castaneda Contributor address; [REDACTED] Katy, TX 77450-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
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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 09/25/2001	Full Name of contributor John W. H. Chiang Contributor address; City; State; Zip Code Houston, TX 77027-	<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 09/26/2001	Full Name of contributor Joseph M. Cibor Contributor address; City; State; Zip Code Houston, TX 77057-	<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 09/26/2001	Full Name of contributor Stephen Costello Contributor address; City; State; Zip Code Houston, TX 77019-	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 09/26/2001	Full Name of contributor David Eastwood Contributor address; City; State; Zip Code Houston, TX 77022-	<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 09/26/2001	Full Name of contributor William F. Fendley Contributor address; City; State; Zip Code Hockley, TX 77447-	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
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The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission files)	
Date 09/26/2001	Full Name of contributor Edwin C. Friedrichs Contributor address; [REDACTED] Houston, TX 77098-	<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 09/21/2001	Full Name of contributor Mike Galloway Contributor address; [REDACTED] Tomball, TX 77377-0956	<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) owner		Employer (Optional) Galloway Marketing Company		
Date 09/26/2001	Full Name of contributor C. M. Garver Contributor address; [REDACTED] Houston, TX 77023-	<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 09/25/2001	Full Name of contributor Christopher D. Hageney Contributor address; [REDACTED] Houston, TX 77035-	<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 09/25/2001	Full Name of contributor William J. Harper Contributor address; [REDACTED] Houston, TX 77041-	<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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FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission files)	
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Liz Hays	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/26/2001	Contributor address; City; State; Zip Code [REDACTED] Kingwood, TX 77345-	150.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Roy G. Hearnberger	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/26/2001	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77219-1487	500.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Home-Pac	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/25/2001	Contributor address; City; State; Zip Code Greater Houston Builders Association [REDACTED] Houston, TX 77064-	500.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Hou Con Pac	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/25/2001	Contributor address; City; State; Zip Code [REDACTED] Bellaire, TX 77401-	1,000.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Houston Associated General Contractors	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/21/2001	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77092-	500.00		
Principal occupation (Optional)		Employer (Optional)		

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FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 09/21/2001	Full Name of contributor IEC of Houston PAC Contributor address; [REDACTED] Houston, TX 77007-	<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 09/26/2001	Full Name of contributor Deborah Jean Johnson Contributor address; [REDACTED] Houston, TX 77042-	<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 09/26/2001	Full Name of contributor Rene E. Johnson 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 09/26/2001	Full Name of contributor J. R. "Bob" Jones Contributor address; [REDACTED] Houston, TX 77081-	<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 09/26/2001	Full Name of contributor Elanna C. Sanchez Killian 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)		

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The Instruction Guide explains how to complete this form.			Total pages Schedule A1		
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)		
Date 09/26/2001	Full Name of contributor Dale R. Kornegay Contributor address; [REDACTED] Houston, TX 77221-4214	<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 09/25/2001	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 (\$) 75.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2001	Full Name of contributor Lan-Pac Contributor address; [REDACTED] Houston, TX 77042-	<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 09/25/2001	Full Name of contributor Carolyn Lightfoot Contributor address; [REDACTED] Houston, TX 77063-	<input type="checkbox"/> out of state PAC (ID#: _____) City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)		
Date 09/26/2001	Full Name of contributor Carl G. Linseisen Contributor address; [REDACTED] Cypress, TX 77429-	<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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The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission files)	
Date	Full Name of contributor Locke, Liddell & Sap Contributor address; [REDACTED] Mr. Robert D. Miller Houston, TX 77002-	<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	Full Name of contributor Ranney McDonough Contributor address; [REDACTED] Bellaire, TX 77401-	<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	Full Name of contributor Ranney W. McDonough Contributor address; [REDACTED] Bellaire, TX 77401-	<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	Full Name of contributor R. G. Montgomery Contributor address; [REDACTED] Spring, TX 77380-	<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 Ronald James Neilson Contributor address; [REDACTED] Houston, TX 77057-	<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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The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 09/21/2001	Full Name of contributor Sara 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 09/26/2001	Full Name of contributor Linda R. O'Toole 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 09/25/2001	Full Name of contributor F. William Othon Contributor address; [REDACTED] Houston, TX 77042-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 09/25/2001	Full Name of contributor Outdoor P.A.C. Contributor address; [REDACTED] Houston, TX 77055-	<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 09/25/2001	Full Name of contributor Peter Peltier Contributor address; [REDACTED] Houston, TX 77024-	<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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The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date 09/25/2001	Full Name of contributor Douglas C. Postle Contributor address; [REDACTED] Houston, TX 77056-	<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 09/21/2001	Full Name of contributor Suzanne Pryde Contributor address; [REDACTED] Houston, TX 77057-	<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 09/26/2001	Full Name of contributor Jeff E. Ross Contributor address; [REDACTED] Houston, TX 77005-	<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 09/26/2001	Full Name of contributor Dennis W. Sander Contributor address; [REDACTED] Houston, TX 77042-	<input type="checkbox"/> out of state PAC (ID#: _____) City: State: Zip Code	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 09/25/2001	Full Name of contributor Brenda Bradley Smith Contributor address; [REDACTED] Baytown, TX 77520-	<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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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 09/26/2001	Full Name of contributor James R. Squire Contributor address; Houston, TX 77075	<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 09/26/2001	Full Name of contributor Hollie M. Stanley Contributor address; Houston, TX 77081-	<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 09/26/2001	Full Name of contributor Star P.A.C. Contributor address; Friendswood, TX 77546-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 375.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 09/26/2001	Full Name of contributor Jon N. Strange Contributor address; 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 09/26/2001	Full Name of contributor Geraldyn and Danny Sullivan Contributor address; Houston, TX 77227-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

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The Instruction Guide explains how to complete this form.			Total pages Schedule A1
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission files)
Date 09/21/2001	Full Name of contributor Diane Morales Taylor 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 09/26/2001	Full Name of contributor Turner Collie & Brad Contributor address; [REDACTED] Houston, TX 77057-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 200.00 In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/25/2001	Full Name of contributor Vinson and Elkins Texas PAC Contributor address; [REDACTED] Mr. Joe B. Allen Houston, TX 77002-6760	<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 / /	Full Name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	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#: _____) City; State; Zip Code	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME *Addie Wiseman* 3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ 5000.00

5 Date of loan <i>07/01/01</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Addie Wiseman</i>	9 Loan Amount (\$) <i>5000.00</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>P.O. Box 6667 Kingwood, TX 77325-6667</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>—</i>

12 Description of Collateral
 none

13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
--	---	---------------------------

17 Principal Occupation 18 Employer

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
if lender 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: 2
2 FILER NAME Addie Wiseman		3 ACCOUNT # (Ethics Commission filers)
4 Date 08/16/2001	5 Payee name Americas Campaign St 6 Payee address; City; State; Zip Code P.O. Box 1612 Attention: Jay Jeffersonville, IN 47131-	7 Amount (\$) 3,705.00
8 Purpose of expenditure (See instructions regarding type of information required.) signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 08/10/2001	5 Payee name Kingwood Executive S 6 Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	7 Amount (\$) 613.00
8 Purpose of expenditure (See instructions regarding type of information required.) rent		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 08/29/2001	5 Payee name Kingwood Executive S 6 Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	7 Amount (\$) 950.00
8 Purpose of expenditure (See instructions regarding type of information required.) rent		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 08/21/2001	5 Payee name Logostuff 6 Payee address; City; State; Zip Code 20011 Cherry Oaks Lane Nancy Shortsleeve Humble, TX 77346-	7 Amount (\$) 96.34
8 Purpose of expenditure (See instructions regarding type of information required.) materials		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 08/29/2001	5 Payee name Minuteman Press 6 Payee address; City; State; Zip Code 238 E. First Street Humble, TX 77338-	7 Amount (\$) 111.06
8 Purpose of expenditure (See instructions regarding type of information required.) printing		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 09/17/2001	5 Payee name Valerie Pavel 6 Payee address; City; State; Zip Code 2103 Whispering Trails Dr. Kingwood, TX 77339-	7 Amount (\$) 87.58
8 Purpose of expenditure (See instructions regarding type of information required.) reimburse refreshments		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.				Total pages Schedule F:
FILER NAME Addie Wiseman				ACCOUNT # (Ethics Commission filers)
Date	Payee name	Payee address; City; State; Zip Code		Amount (\$)
09/07/2001	Robert Sheridan	1906 Southern Pine Kingwood, TX 77339-		225.00
Purpose of expenditure (See instructions regarding type of information required.) contract			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date	Payee name	Payee address; City; State; Zip Code		Amount (\$)
09/14/2001	Robert Sheridan	1906 Southern Pine Kingwood, TX 77339-		225.00
Purpose of expenditure (See instructions regarding type of information required.) contract			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date	Payee name	Payee address; City; State; Zip Code		Amount (\$)
09/21/2001	Robert Sheridan	1906 Southern Pine Kingwood, TX 77339-		225.00
Purpose of expenditure (See instructions regarding type of information required.) contract			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date	Payee name	Payee address; City; State; Zip Code		Amount (\$)
09/25/2001	Walden and Assoc	55 Waugh Drive, Suite 610 Houston, TX 77007-		295.27
Purpose of expenditure (See instructions regarding type of information required.) printing supplies			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date	Payee name	Payee address; City; State; Zip Code		Amount (\$)
/ /				
Purpose of expenditure (See instructions regarding type of information required.)			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date	Payee name	Payee address; City; State; Zip Code		Amount (\$)
/ /				
Purpose of expenditure (See instructions regarding type of information required.)			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought

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