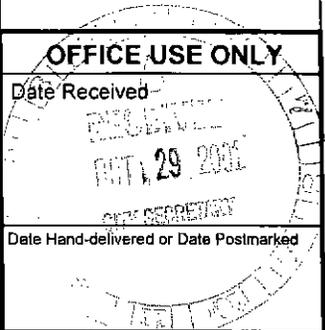


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> Change of Address		ADDRESS /PO BOX; P.O. Box 6667 CITY; Kingwood	APT/ SUITE #; STATE; TX ZIP CODE 77325-6667
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
	Mrs. Meg Oswald		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		APT/SUITE #;	
7 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER EXTENSION
8 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Runoff <input type="checkbox"/> Final report (Attach C/OH - FR)	
9 PERIOD COVERED		Month Day Year Month Day Year 09/28/2001 THROUGH 10/27/2001	
10 ELECTION		ELECTION DATE Month Day Year 11/06/2001	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE		OFFICE HOLDER (if any) Other Office 0 <i>Houston City Council District E</i>	12 OFFICE SOUGHT (if known) Other Office 0 <i>Houston City Council District E</i>
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ... Name Address / PO Box; Apt. / Suite #; City; State; Zip Code	
<input type="checkbox"/> additional pages			



GO TO PAGE 2

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

FORM C/OH

Cover Sheet pg 2

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

16. NOTICE FROM POLITICAL COMMITTEE(S)

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

<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

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	\$	75.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,925.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS UNITEMIZED	\$	22.59
	4. TOTAL POLITICAL EXPENDITURES	\$	13,781.37
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5000.00

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 29th day of October, 2001, to certify which, witness my hand and seal of office.

Anna Russell
Signature of officer administering oath

Addie Wiseman
Print name of officer administering oath

ANNA RUSSELL
Notary Public, State of Texas
My Commission Exp. 7/7/06
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 6	
2 FILER NAME Addie Wiseman					3 ACCOUNT #(Ethics Commission filers)	
4 Date 10/19/2001	5 Full Name of contributor "C" Club PAC <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77210-4547	7 Amount of contribution (\$) 3,000.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)			10 Employer (Optional)			
4 Date 10/26/2001	5 Full Name of contributor Associated Builders & Contractors PAC <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77008-4161	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)			10 Employer (Optional)			
4 Date 10/26/2001	5 Full Name of contributor Oussama (Sam) Barbar <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056-	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)			10 Employer (Optional)			
4 Date 10/26/2001	5 Full Name of contributor Ervin H. Baumeyer <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Kingwood, TX 77339-	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)		
9 Principal occupation (Optional)			10 Employer (Optional)			
4 Date 10/26/2001	5 Full Name of contributor Larry A. Carr <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Humble, TX 77325-	7 Amount of contribution (\$) 100.00	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 10/26/2001	Full Name of contributor W. E. Ferro <input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; [REDACTED] Houston, TX 77077-	City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/26/2001	Full Name of contributor Dionicio Flores <input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; [REDACTED] Houston, TX 77023-	City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/26/2001	Full Name of contributor Martha Galvan <input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; [REDACTED] Houston, TX 77018-	City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/26/2001	Full Name of contributor Raymond Garcia, Jr. <input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; [REDACTED] Houston, TX 77008-	City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/26/2001	Full Name of contributor H A A Better Government Fund <input type="checkbox"/> out of state PAC (ID#: _____) Contributor address; [REDACTED] Houston, TX 77099-	City; State; Zip Code	Amount of contribution (\$) 2,000.00	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	Full Name of contributor Ned Holmes Contributor address; [REDACTED] Houston, TX 77007-	<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 Bobbie Horne Contributor address; [REDACTED] Houston, TX 77015-	<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 A. L. Keller 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	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 (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Jereld McQueen Contributor address; [REDACTED] Kingwood, TX 77339-	<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)		
<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 10/26/2001	Full Name of contributor Monks, Monks, Monks Contributor address; [REDACTED] Bellaire, TX 77401-	<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 10/26/2001	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 10/26/2001	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 10/26/2001	Full Name of contributor Outdoor PAC 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 10/26/2001	Full Name of contributor Bob J. Perry Contributor address; [REDACTED] Houston, TX 77234-	<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)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 10/19/2001	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 (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/26/2001	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 (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/26/2001	Full Name of contributor Reliant Energy PAC Contributor address; [REDACTED] Houston, TX 77210-	<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 10/19/2001	Full Name of contributor Texas Assoc. of Realtors PAC Contributor address; [REDACTED] Austin, TX 78767-1986	<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 10/19/2001	Full Name of contributor Richard W. Weekley 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)		
<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 10/26/2001	Full Name of contributor Westchase PAC Contributor address; [REDACTED] Houston, TX 77242-2611	<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 10/26/2001	Full Name of contributor Clinton F. Wong Contributor address; [REDACTED] Houston, TX 77063-	<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 10/26/2001	Full Name of contributor C. Wray 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 / /	Full Name of contributor Contributor address; [REDACTED]	<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; [REDACTED]	<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)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

LOANS		SCHEDULE E
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Addie Wiseman</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ <i>5000.00</i>
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 <input checked="" type="checkbox"/> 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 N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.				1 Total pages Schedule F: 3	
2 FILER NAME Addie Wiseman				3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/28/2001	5 Payee name Clear Channel	6 Payee address; City; State; Zip Code 1313 West Loop North Houston, TX 77055-		7 Amount (\$) 1,277.86	
8 Purpose of expenditure (See instructions regarding type of information required.) ad				9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 09/28/2001	5 Payee name Leedy Graphics	6 Payee address; City; State; Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068-		7 Amount (\$) 1,008.89	
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 10/08/2001	5 Payee name Leedy Graphics	6 Payee address; City; State; Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068-		7 Amount (\$) 1,710.35	
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 10/12/2001	5 Payee name Leedy Graphics	6 Payee address; City; State; Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068-		7 Amount (\$) 1,292.57	
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 10/26/2001	5 Payee name Leedy Graphics	6 Payee address; City; State; Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068-		7 Amount (\$) 4,276.96	
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 10/11/2001	5 Payee name Logostuff	6 Payee address; City; State; Zip Code 20011 Cherry Oaks Lane Nancy Shortsleeve Humble, TX 77346-		7 Amount (\$) 841.64	
8 Purpose of expenditure (See instructions regarding type of information required.) T-shirts				9 ** 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 Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 09/28/2001	Payee name Minuteman Press Payee address; City; State; Zip Code 238 E. First Street Humble, TX 77338-	Amount (\$) 1,881.71
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 10/22/2001	Payee name Reliant Energy Payee address; City; State; Zip Code P.O. Box 1545 Houston, TX 77251-	Amount (\$) 93.80
Purpose of expenditure (See instructions regarding type of information required.) utilities		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 09/28/2001	Payee name Robert Sheridan Payee address; City; State; Zip Code 1906 Southern Pine Kingwood, TX 77339-	Amount (\$) 225.00
Purpose of expenditure (See instructions regarding type of information required.) contract		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/05/2001	Payee name Robert Sheridan Payee address; City; State; Zip Code 1906 Southern Pine Kingwood, TX 77339-	Amount (\$) 225.00
Purpose of expenditure (See instructions regarding type of information required.) contract		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/12/2001	Payee name Robert Sheridan Payee address; City; State; Zip Code 1906 Southern Pine Kingwood, TX 77339-	Amount (\$) 225.00
Purpose of expenditure (See instructions regarding type of information required.) contract		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/18/2001	Payee name Robert Sheridan Payee address; City; State; Zip Code 1906 Southern Pine Kingwood, TX 77339-	Amount (\$) 225.00
Purpose of expenditure (See instructions regarding type of information required.) contract		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
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 Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 10/26/2001	Payee name Robert Sheridan Payee address; City; State; Zip Code 1906 Southern Pine Kingwood, TX 77339-	Amount (\$) 225.00
Purpose of expenditure (See instructions regarding type of information required.) contract		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/11/2001	Payee name J. Rodney Smith Payee address; City; State; Zip Code 9718 Cantertrot Drive Humble, TX 77338-	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) website set up		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED