

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

FORM C/OH

Cover Sheet pg 2

15. C/OH NAME **Addie Wiseman** 16. ACCOUNT # (Ethics Commission file#)

17. NOTICE FROM POLITICAL COMMITTEE(S)

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

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS UNITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS UNITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	23,938.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	34,161.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

19 AFFIDAVIT

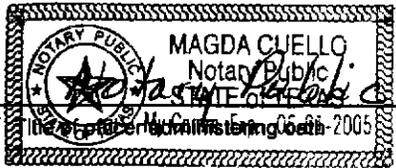
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Addie Wiseman
Signature of Candidate

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said ADDIE WISEMAN, this the 15 day of January, 2005, to certify which, witness my hand and seal of office.

Magda Cuello **MAGDA CUELLO**
Signature of officer administering oath Print name of officer administering oath



POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.							1 Total pages Schedule F: 14
2 FILER NAME Addie Wiseman						3 ACCOUNT # (Ethics Commission filers)	
4 Date 07/28/2004	5 Payee name The Aquarium 6 Payee address; City; State; Zip Code 800 Bagby Houston, TX 77026-					7 Amount (\$) 86.37	
8 Purpose of expenditure (See instructions regarding type of information required.) luncheon						9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 07/01/2004	5 Payee name Arnie's Warehouse 6 Payee address; City; State; Zip Code 2830 Hicks Street Houston, TX 77007-					7 Amount (\$) 43.95	
8 Purpose of expenditure (See instructions regarding type of information required.) supplies						9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 10/18/2004	5 Payee name BJ's Restaurant 6 Payee address; City; State; Zip Code 515 Bay Area Blvd. Webster, TX 77598-					7 Amount (\$) 27.76	
8 Purpose of expenditure (See instructions regarding type of information required.) luncheon						9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 07/02/2004	5 Payee name Aimee Bertrand 6 Payee address; City; State; Zip Code 3626 Riverwood Park Kingwood, TX 77345-					7 Amount (\$) 346.15	
8 Purpose of expenditure (See instructions regarding type of information required.) Communications						9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 07/16/2004	5 Payee name Aimee Bertrand 6 Payee address; City; State; Zip Code 3626 Riverwood Park Kingwood, TX 77345-					7 Amount (\$) 692.30	
8 Purpose of expenditure (See instructions regarding type of information required.) Communications						9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 07/30/2004	5 Payee name Aimee Bertrand 6 Payee address; City; State; Zip Code 3626 Riverwood Park Kingwood, TX 77345-					7 Amount (\$) 692.30	
8 Purpose of expenditure (See instructions regarding type of information required.) Communications						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 08/03/2004	Payee name Aimee Bertrand Payee address; City; State; Zip Code 3626 Riverwood Park Kingwood, TX 77345-	Amount (\$) 28.00	
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 08/12/2004	Payee name Aimee Bertrand Payee address; City; State; Zip Code 3626 Riverwood Park Kingwood, TX 77345-	Amount (\$) 692.30	
Purpose of expenditure (See instructions regarding type of information required.) Communications		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 08/30/2004	Payee name Aimee Bertrand Payee address; City; State; Zip Code 3626 Riverwood Park Kingwood, TX 77345-	Amount (\$) 692.30	
Purpose of expenditure (See instructions regarding type of information required.) Communications		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 09/10/2004	Payee name Aimee Bertrand Payee address; City; State; Zip Code 3626 Riverwood Park Kingwood, TX 77345-	Amount (\$) 692.30	
Purpose of expenditure (See instructions regarding type of information required.) Communications		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 09/24/2004	Payee name Aimee Bertrand Payee address; City; State; Zip Code 3626 Riverwood Park Kingwood, TX 77345-	Amount (\$) 692.30	
Purpose of expenditure (See instructions regarding type of information required.) Communications		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 12/17/2004	Payee name Aimee Bertrand Payee address; City; State; Zip Code 3626 Riverwood Park Kingwood, TX 77345-	Amount (\$) 1,000.00	
Purpose of expenditure (See instructions regarding type of information required.) Communications		** 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 12/17/2004	Payee name Rebecca Bertrand Payee address; City; State; Zip Code 3626 Riverwood Park Kingwood, TX 77345-	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) communications		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 08/30/2004	Payee name Brio Payee address; City; State; Zip Code 1201 Lake Woodlands Drive Spring, TX 77380-	Amount (\$) 33.50
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 10/15/2004	Payee name Canyon Cafe Payee address; City; State; Zip Code 5000 Westheimer, Ste. 250 Houston, TX 77056-	Amount (\$) 29.27
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 08/30/2004	Payee name Central Parking Services Payee address; City; State; Zip Code 600 Jefferson Houston, TX 77002-	Amount (\$) 10.00
Purpose of expenditure (See instructions regarding type of information required.) parking		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 08/23/2004	Payee name Chuy's Payee address; City; State; Zip Code 18035 145 S. Conroe, TX 77385-	Amount (\$) 26.06
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 11/05/2004	Payee name Clear Lake Arts Alliance Payee address; City; State; Zip Code 2000 NASA Parkway Houston, TX 77058-	Amount (\$) 1,000.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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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 07/19/2004	Payee name Continental Airlines	Payee address; City; State; Zip Code P.O. Box 1394 Houston, TX 77257-		Amount (\$) 247.20
Purpose of expenditure (See instructions regarding type of information required.) airfare			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
Date 10/14/2004	Payee name Continental Airlines	Payee address; City; State; Zip Code P.O. Box 1394 Houston, TX 77257-		Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) airfare			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
Date 10/14/2004	Payee name Continental Airlines	Payee address; City; State; Zip Code P.O. Box 1394 Houston, TX 77257-		Amount (\$) 238.02
Purpose of expenditure (See instructions regarding type of information required.) airfare			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
Date 11/01/2004	Payee name Continental Airlines	Payee address; City; State; Zip Code P.O. Box 1394 Houston, TX 77257-		Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) airfare			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
Date 11/22/2004	Payee name Continental Airlines	Payee address; City; State; Zip Code P.O. Box 1394 Houston, TX 77257-		Amount (\$) 736.20
Purpose of expenditure (See instructions regarding type of information required.) travel			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	
Date 07/19/2004	Payee name Damian's	Payee address; City; State; Zip Code 3011 Smith Street Houston, TX 77026-		Amount (\$) 113.37
Purpose of expenditure (See instructions regarding type of information required.) event supplies			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	

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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.					Total pages Schedule F:	
FILER NAME Addie Wiseman					ACCOUNT # (Ethics Commission filers)	
Date 07/06/2004	Payee name Doneraki	Payee address; 2836 Fulton Houston, TX 77009-	City;	State;	Zip Code	Amount (\$) 89.91
Purpose of expenditure (See instructions regarding type of information required.) luncheon					** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date 08/11/2004	Payee name Flowers Etc.	Payee address; 1818 Waugh Drive Houston, TX 77006-	City;	State;	Zip Code	Amount (\$) 432.64
Purpose of expenditure (See instructions regarding type of information required.) event expense					** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date 09/22/2004	Payee name Flowers Etc.	Payee address; 1818 Waugh Drive Houston, TX 77006-	City;	State;	Zip Code	Amount (\$) 115.72
Purpose of expenditure (See instructions regarding type of information required.) event supplies					** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date 11/05/2004	Payee name Flowers Etc.	Payee address; 1818 Waugh Drive Houston, TX 77006-	City;	State;	Zip Code	Amount (\$) 52.99
Purpose of expenditure (See instructions regarding type of information required.) event supplies					** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date 07/02/2004	Payee name Martha Galvan	Payee address; 1123 Gardendale Drive Houston, TX 77018-	City;	State;	Zip Code	Amount (\$) 150.32
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies					** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date 08/11/2004	Payee name Martha Galvan	Payee address; 1123 Gardendale Drive Houston, TX 77018-	City;	State;	Zip Code	Amount (\$) 223.91
Purpose of expenditure (See instructions regarding type of information required.) Page Supplies					** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought

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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 09/03/2004	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 31.21
Purpose of expenditure (See instructions regarding type of information required.) Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 09/30/2004	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 93.58
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 11/17/2004	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 60.52
Purpose of expenditure (See instructions regarding type of information required.) Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 12/17/2004	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 08/13/2004	Payee name Greater Houston Convention and Visitor's Payee address; City; State; Zip Code 901 Bagby Suite 100 Houston, TX 77002-	Amount (\$) 53.53
Purpose of expenditure (See instructions regarding type of information required.) meeting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 09/03/2004	Payee name Greater Houston Down Payee address; City; State; Zip Code 9801 Cedardale Houston, TX 77055-	Amount (\$) 250.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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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 09/22/2004	Payee name Harris County Republican Party	Payee address; City; State; Zip Code 3311 Richmond Ste 218 Houston, TX 77098-	Amount (\$) 250.00	
Purpose of expenditure (See instructions regarding type of information required.) sponsorship			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 10/08/2004	Payee name Harris County Republican Party	Payee address; City; State; Zip Code 3311 Richmond Ste 218 Houston, TX 77098-	Amount (\$) 1,000.00	
Purpose of expenditure (See instructions regarding type of information required.) sponsorship			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 12/13/2004	Payee name Kindra Hefner	Payee address; City; State; Zip Code 4515 Tall Ridge Court Kingwood, TX 77339-	Amount (\$) 5,000.00	
Purpose of expenditure (See instructions regarding type of information required.) consulting			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 08/05/2004	Payee name Heritage Center	Payee address; City; State; Zip Code 2825 W Town Center Circle Michael A. Fuhre Humble, TX 77325-	Amount (\$) 180.00	
Purpose of expenditure (See instructions regarding type of information required.) rental			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 11/05/2004	Payee name Houston Community Ne	Payee address; City; State; Zip Code 1129 Kingwood Drive Kingwood, TX 77339-	Amount (\$) 501.66	
Purpose of expenditure (See instructions regarding type of information required.) ad			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 10/20/2004	Payee name Humble Chamber of Co	Payee address; City; State; Zip Code 110 W. Main Humble, TX 77338-	Amount (\$) 25.00	
Purpose of expenditure (See instructions regarding type of information required.) luncheon			** 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 09/30/2004	Payee name Humble City Cafe Payee address; City; State; Zip Code 200 E. Main Street Humble, TX 77338-	Amount (\$) 27.87	
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 11/02/2004	Payee name I.A.H. Parking Payee address; City; State; Zip Code 7007 Will Clayton Parkway Humble, TX 77338-	Amount (\$) 48.00	
Purpose of expenditure (See instructions regarding type of information required.) parking		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 09/02/2004	Payee name Ibiza Payee address; City; State; Zip Code 2450 Louisiana Houston, TX 77006-	Amount (\$) 27.87	
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 10/26/2004	Payee name Irma's Payee address; City; State; Zip Code 1314 Texas Houston, TX 77002-	Amount (\$) 50.50	
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 09/20/2004	Payee name Kenny & Ziggy's Payee address; City; State; Zip Code 2327 Post Oak Blvd. Houston, TX 77056-	Amount (\$) 278.72	
Purpose of expenditure (See instructions regarding type of information required.) luncheon supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date 09/22/2004	Payee name Kingwood Area Republ Payee address; City; State; Zip Code P.O. Box 5906 Halene Crossman Humble, TX 77325-	Amount (\$) 250.00	
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
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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 08/05/2004	Payee name Kingwood Chamber of Commerce Payee address; City; State; Zip Code 2825 W. Town Center Circle Attn: Sparky Nolan Kingwood, TX 77339-	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) membership		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 09/01/2004	Payee name Kingwood Chamber of Commerce Payee address; City; State; Zip Code 2825 W. Town Center Circle Attn: Sparky Nolan Kingwood, TX 77339-	Amount (\$) 10.00
Purpose of expenditure (See instructions regarding type of information required.) lunch		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 11/05/2004	Payee name Kingwood Chamber of Commerce Payee address; City; State; Zip Code 2825 W. Town Center Circle Attn: Sparky Nolan Kingwood, TX 77339-	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 09/12/2004	Payee name Kingwood Middle School Payee address; City; State; Zip Code 2407 Pine Terrace Kingwood, TX 77339-	Amount (\$) 125.00
Purpose of expenditure (See instructions regarding type of information required.) donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 08/19/2004	Payee name La Griglia Payee address; City; State; Zip Code 2002 W. Gray Houston, TX 77019-	Amount (\$) 42.51
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 07/01/2004	Payee name Lone Star Flags Payee address; City; State; Zip Code 13110 Mula Court Stafford, TX 77477-	Amount (\$) 99.05
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 07/02/2004	Payee name D'Ann Marro Payee address; City; State; Zip Code P. O. Box 6667 Humble, TX 77325-6667	Amount (\$) 30.00
Purpose of expenditure (See instructions regarding type of information required.) Luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 08/11/2004	Payee name D'Ann Marro Payee address; City; State; Zip Code P. O. Box 6667 Humble, TX 77325-6667	Amount (\$) 22.49
Purpose of expenditure (See instructions regarding type of information required.) Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 09/30/2004	Payee name D'Ann Marro Payee address; City; State; Zip Code P. O. Box 6667 Humble, TX 77325-6667	Amount (\$) 29.99
Purpose of expenditure (See instructions regarding type of information required.) Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 12/17/2004	Payee name D'Ann Marro Payee address; City; State; Zip Code P. O. Box 6667 Humble, TX 77325-6667	Amount (\$) 1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 10/08/2004	Payee name Minuteman Press Payee address; City; State; Zip Code 238 E. First Street Humble, TX 77338-	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 07/14/2004	Payee name National Honor Society Payee address; City; State; Zip Code P.O. Box 5682 Humble, TX 77325-	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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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 12/06/2004	Payee name National League of Cities Payee address; City; State; Zip Code 1201 Penn. Ave., NW Suite 550 Washington, DC 20004-	Amount (\$) 345.00
Purpose of expenditure (See instructions regarding type of information required.) fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 10/28/2004	Payee name Office Depot Payee address; City; State; Zip Code U.S. Hwy. 59 North Humble, TX 77339-	Amount (\$) 100.85
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 07/28/2004	Payee name Office Max Payee address; City; State; Zip Code 20412 US Hwy 59 North Humble, TX 77338-	Amount (\$) 79.75
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 11/08/2004	Payee name Office Max Payee address; City; State; Zip Code 20412 US Hwy 59 North Humble, TX 77338-	Amount (\$) 368.38
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 12/06/2004	Payee name Omni Hotel Payee address; City; State; Zip Code 40 West Jackson Place Indianapolis, IN 46225-	Amount (\$) 212.09
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 08/23/2004	Payee name PF Chiang's Payee address; City; State; Zip Code 1201 Lake Woodlands Drive Spring, TX 77380-	Amount (\$) 31.25
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** 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 09/27/2004	Payee name Pei Wei Asian Diner ----- Payee address; City; State; Zip Code 702 Kingwood Drive Kingwood, TX 77339-	Amount (\$) 16.08
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/02/2004	Payee name Raddison Hotel ----- Payee address; City; State; Zip Code 101 Raddison Drive Pittsburgh, PA 15205-	Amount (\$) 53.53
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/08/2004	Payee name Randall's ----- Payee address; City; State; Zip Code 600 Kingwood Drive Kingwood, TX 77339-	Amount (\$) 75.70
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 07/19/2004	Payee name Rico's ----- Payee address; City; State; Zip Code 1168 Kingwood Drive Kingwood, TX 77339-	Amount (\$) 35.41
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/08/2004	Payee name Andrew Sandstrum ----- Payee address; City; State; Zip Code 5303 Walnut Hill Drive Kingwood, TX 77345-	Amount (\$) 230.77
Purpose of expenditure (See instructions regarding type of information required.) IT service		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/21/2004	Payee name Andrew Sandstrum ----- Payee address; City; State; Zip Code 5303 Walnut Hill Drive Kingwood, TX 77345-	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) IT service		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name

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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 11/05/2004	Payee name Andrew Sandstrum Payee address; City; State; Zip Code 5303 Walnut Hill Drive Kingwood, TX 77345-	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) IT service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 09/03/2004	Payee name Sign Designs Now Payee address; City; State; Zip Code 22401 Loop 494, Ste 124 Kingwood, TX 77339-	Amount (\$) 24.00
Purpose of expenditure (See instructions regarding type of information required.) printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 08/05/2004	Payee name Sprint Payee address; City; State; Zip Code P.O. Box 152046 Irving, TX 75015-2046	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 09/03/2004	Payee name Sprint Payee address; City; State; Zip Code P.O. Box 152046 Irving, TX 75015-2046	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 10/08/2004	Payee name Sprint Payee address; City; State; Zip Code P.O. Box 152046 Irving, TX 75015-2046	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 11/17/2004	Payee name Sprint Payee address; City; State; Zip Code P.O. Box 152046 Irving, TX 75015-2046	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 10/29/2004	Payee name Target Payee address; City; State; Zip Code 20777 Hwy. 59 N. Humble, TX 77338-	Amount (\$) 143.30
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/05/2004	Payee name The Citizen Payee address; City; State; Zip Code 17511 El Camino Real Houston, TX 77058-	Amount (\$) 36.00
Purpose of expenditure (See instructions regarding type of information required.) reference material		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/07/2004	Payee name Addie Wiseman Payee address; City; State; Zip Code 2011 Pine River Drive Humble, TX 77339-	Amount (\$) 413.50
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date / /	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		