

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

Cover Sheet pg 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total Pages Filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

Addie

LAST

Wiseman

SUFFIX

4 CANDIDATE/  
OFFICEHOLDER  
ADDRESS

ADDRESS /PO BOX;

PO Box 6667

CITY;

Kingwood

STATE;

TX

APT/ SUITE #;

ZIP CODE

77325-6667

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

281

PHONE NUMBER

358-8495

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

TITLE

FIRST

Meg

LAST

Oswald

MI

SUFFIX

7 CAMPAIGN  
TREASURER'S  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

4002 Evergreen Village Ct.

CITY;

Kingwood

STATE;

TX

ZIP CODE

77345

APT/SUITE #:

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

281

PHONE NUMBER

360-8436

EXTENSION

9 REPORT TYPE

January 15

July 15

30th day before election

8th day before election

Runoff

Exceeded \$500 limit

15th day after campaign treasurer  
appointment (officeholder only)

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

10/01/2005

THROUGH

Month Day Year

10/29/2005

11 ELECTION

ELECTION DATE

Month Day Year

11/08/2005

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HOLDER (if any)

Houston City Council, Dist. E 0

13 OFFICE SOUGHT (if known)

Houston City Council, Dist E 0

14 NOTICE  
OF INDIRECT  
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. ...

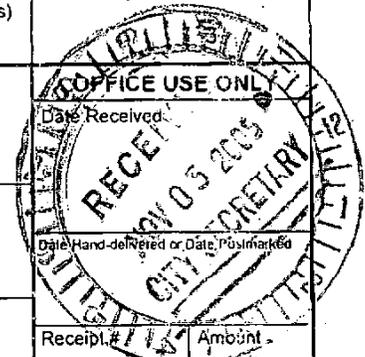
Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

Revised 11/05/2003



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### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

Cover Sheet pg 2

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

17. NOTICE FROM POLITICAL COMMITTEE(S)

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

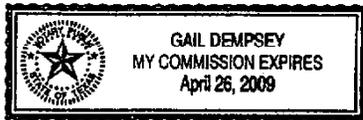
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURE NAME
	COMMITTEE CAMPAIGN TREASURE ADDRESS

additional pages

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	\$ 1,359.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 60,536.14
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 31 day of October, 2005, to certify which, witness my hand and seal of office.

Gail Dempsey Gail Dempsey Notary Public  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**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 10/24/2005	5 Payee name Central Self Storage 6 Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-	7 Amount (\$) 181.00
8 Purpose of expenditure (See instructions regarding type of information required.) storage		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
4 Date 10/05/2005	5 Payee name Flowers by Georgia 6 Payee address; City; State; Zip Code 1818 Waugh Drive Houston, TX 77006-1129	7 Amount (\$) 123.00
8 Purpose of expenditure (See instructions regarding type of information required.) volunteers supplies		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
4 Date 10/05/2005	5 Payee name Martha Galvan 6 Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	7 Amount (\$) 55.12
8 Purpose of expenditure (See instructions regarding type of information required.) supplies		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
4 Date 10/05/2005	5 Payee name Houston Military Affairs Committee 6 Payee address; City; State; Zip Code PO Box 300526 Houston, TX 77230-0526	7 Amount (\$) 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) sponsorship		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
4 Date 10/05/2005	5 Payee name Lunar Rendezvous 6 Payee address; City; State; Zip Code c/o Clear Lake Chamber 1201 Nasa Rd. 1 Houston, TX 77058-	7 Amount (\$) 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) sponsorship		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought 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 ** Office held / sought Candidate / Officeholder name
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		