

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

LAST

SUFFIX

Addie

WISEMAN

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 6667

Kingwood Tx 77325-6667

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 358-8495

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MEG

OSWALD

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4002 EVERGREEN VALLEY CT. Kingwood Tx

77345

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 360-8436

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

THROUGH

Month Day Year

07 / 01 / 03

09 / 25 / 03

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

11 / 04 / 03

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

Houston City Council; Dist. E

13 OFFICE SOUGHT (if known)

Houston City Council; Dist. E

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

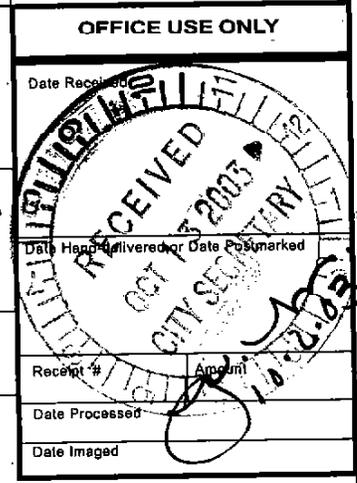
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

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

additional pages

GO TO PAGE 2



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)

additional pages

** 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 | |
| <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|-------------------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 15,480 ⁰⁰ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ -0- |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 19,448.25 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 60,602.40 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ -0- |

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 or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Timothy A. Nelson, this the 6th day of October, 2003; to certify which, witness my hand and seal of office.

Timothy A. Nelson
Signature of officer administering oath

Timothy A. Nelson
Printed name of officer administering oath

Notary, Texas
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 8 | |
| 2 FILER NAME Addie Wiseman | | | | | | 3 ACCOUNT #(Ethics Commission filers) | |
| 4 Date 09/22/2003 | 5 Full Name of contributor "C" Club PAC <input type="checkbox"/> out of state PAC (ID#: _____) | 6 Contributor address; City; State; Zip Code | | 7 Amount of contribution (\$) 1,000.00 | 8 In-kind contribution description (if applicable) | | |
| 9 Principal occupation (Optional) | | | | 10 Employer (Optional) | | | |
| 4 Date 07/06/2003 | 5 Full Name of contributor Dionel and Barbara Aviles <input type="checkbox"/> out of state PAC (ID#: _____) | 6 Contributor address; 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 09/22/2003 | 5 Full Name of contributor Bac PAC <input type="checkbox"/> out of state PAC (ID#: _____) | 6 Contributor address; City; State; Zip Code | | 7 Amount of contribution (\$) 150.00 | 8 In-kind contribution description (if applicable) | | |
| 9 Principal occupation (Optional) | | | | 10 Employer (Optional) | | | |
| 4 Date 08/20/2003 | 5 Full Name of contributor Rachel Barnes <input type="checkbox"/> out of state PAC (ID#: _____) | 6 Contributor address; City; State; Zip Code | | 7 Amount of contribution (\$) 25.00 | 8 In-kind contribution description (if applicable) | | |
| 9 Principal occupation (Optional) | | | | 10 Employer (Optional) | | | |
| 4 Date 08/20/2003 | 5 Full Name of contributor Gerald M. Brady <input type="checkbox"/> out of state PAC (ID#: _____) | 6 Contributor address; City; State; Zip Code | | 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 files) | |
| Date 08/20/2003 | Full Name of contributor CDMPAC Contributor address; [REDACTED] | <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 08/20/2003 | Full Name of contributor Darryl B. Carter Contributor address; [REDACTED] | <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 09/22/2003 | Full Name of contributor Nancy Chang Contributor address; [REDACTED] | <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 08/20/2003 | Full Name of contributor Michael D. Copland-Joint Rental Contributor address; [REDACTED] | <input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date 07/06/2003 | Full Name of contributor James Dannenbaum Contributor address; [REDACTED] | <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) Executive | | Employer (Optional) Dannenbaum Engineering | | |
| 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 Richard Dickenson Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| 08/20/2003 | | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Robert M. Elberger Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 1,000.00 | In-kind contribution description (if applicable) |
| 08/20/2003 | | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Norman Frede Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| 08/20/2003 | | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Paul M. Frison Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| 08/20/2003 | | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Anthony Geldens Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| 07/06/2003 | | | | |
| 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 files) | |
| Date | Full Name of contributor H-CAR Pac Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| 07/06/2003 | | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Vivian Hall Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| 09/22/2003 | | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Randall Harris Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| 08/20/2003 | | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Suzanne Hill Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| 08/20/2003 | | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Herbert Johnson Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| 08/20/2003 | | | | |
| 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 | Full Name of contributor A. L. Keller | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 08/20/2003 | Contributor address; [REDACTED] | City; State; Zip Code | 50.00 | | |
| Principal occupation (Optional) | | | Employer (Optional) | | |
| Date | Full Name of contributor Nathelyne A. Kennedy | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 08/20/2003 | Contributor address; [REDACTED] | City; State; Zip Code | 100.00 | | |
| Principal occupation (Optional) | | | Employer (Optional) | | |
| Date | Full Name of contributor Wayne Klotz | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 08/20/2003 | Contributor address; [REDACTED] | City; State; Zip Code | 500.00 | | |
| Principal occupation (Optional) | | | Employer (Optional) | | |
| Date | Full Name of contributor Chiu-Wing Lam | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 09/22/2003 | Contributor address; [REDACTED] | City; State; Zip Code | 20.00 | | |
| Principal occupation (Optional) | | | Employer (Optional) | | |
| Date | Full Name of contributor Herbert Lum | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) | |
| 08/20/2003 | Contributor address; [REDACTED] | City; State; Zip Code | 100.00 | | |
| Principal occupation (Optional) | | | Employer (Optional) | | |

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**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 08/20/2003 | Full Name of contributor Ranney W. McDonough Contributor address; City; State; Zip Code | <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 08/20/2003 | Full Name of contributor Jarl Molander Contributor address; City; State; Zip Code | <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 08/20/2003 | Full Name of contributor Chris Pedde Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date 08/20/2003 | Full Name of contributor Bob J. Perry Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 5,000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date 08/20/2003 | Full Name of contributor Will Perry Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 1,000.00 | 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 | Full Name of contributor Jeanette Rash | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 07/06/2003 | Contributor address; City; State; Zip Code | | 250.00 | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor James Sheng | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/22/2003 | Contributor address; City; State; Zip Code | | 10.00 | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor James Shu | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 09/22/2003 | Contributor address; City; State; Zip Code | | 50.00 | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Charles G. Untermeyer | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/20/2003 | Contributor address; City; State; Zip Code | | 100.00 | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Richard W. Weekley | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 08/20/2003 | Contributor address; City; State; Zip Code | | 500.00 | |
| Principal occupation (Optional) | | Employer (Optional) | | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

| | | | | |
|---|---|--|---------------------------------------|--|
| The Instruction Guide explains how to complete this form. | | | Total pages Schedule A1 | |
| FILER NAME Addie Wiseman | | | ACCOUNT #(Ethics Commission filers) | |
| Date | Full Name of contributor Sheri Ann Williams Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| 08/20/2003 | [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor James H. Wilson Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| 08/20/2003 | [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Giti Zarinkel Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| 08/20/2003 | [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| // | | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full Name of contributor Contributor address; City; State; Zip Code | <input type="checkbox"/> out of state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| // | | | | |
| Principal occupation (Optional) | | Employer (Optional) | | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

| | | | | | |
|---|--|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule F: 5 | |
| 2 FILER NAME Addie Wiseman | | | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 09/03/2003 | 5 Payee name Americas Campaign St 6 Payee address; City; State; Zip Code P.O. Box 1612 Attention: Jay Jeffersonville, IN 47131- | | | 7 Amount (\$) 3,494.00 | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) signs | | | 9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name | | |
| 4 Date 09/18/2003 | 5 Payee name City of Houston 6 Payee address; City; State; Zip Code PO Box 1562 Houston, TX 77251- | | | 7 Amount (\$) 500.00 | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) filing fee | | | 9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name | | |
| 4 Date 08/01/2003 | 5 Payee name Clear Lake Chamber 6 Payee address; City; State; Zip Code 1201 E. Nasa Rd 1 Webster, TX 77598- | | | 7 Amount (\$) 20.00 | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) contribution | | | 9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name | | |
| 4 Date 09/15/2003 | 5 Payee name Conservative Republi 6 Payee address; City; State; Zip Code 3405 Edloe, Ste 380 Houston, TX 77027- | | | 7 Amount (\$) 5,000.00 | |
| 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 08/01/2003 | 5 Payee name Flowers Etc. 6 Payee address; City; State; Zip Code 14010 Post Oak Road Houston, TX 77045-5166 | | | 7 Amount (\$) 62.79 | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) event expense | | | 9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name | | |
| 4 Date 09/15/2003 | 5 Payee name Flowers Etc. 6 Payee address; City; State; Zip Code 14010 Post Oak Road Houston, TX 77045-5166 | | | 7 Amount (\$) 54.13 | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) event expense | | | 9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name | | |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | | | | |

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | Total pages Schedule F: |
| FILER NAME Addie Wiseman | | ACCOUNT # (Ethics Commission filers) |
| Date 08/01/2003 | Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018- | Amount (\$) 57.00 |
| Purpose of expenditure (See instructions regarding type of information required.) reception supplies | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought |
| Date 09/15/2003 | Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018- | Amount (\$) 88.83 |
| Purpose of expenditure (See instructions regarding type of information required.) reception supplies | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought |
| Date 08/28/2003 | Payee name Casey Griffin Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339- | Amount (\$) 144.00 |
| Purpose of expenditure (See instructions regarding type of information required.) volunteer expense | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought |
| Date 09/12/2003 | Payee name Casey Griffin Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339- | Amount (\$) 144.00 |
| Purpose of expenditure (See instructions regarding type of information required.) volunteer expense | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought |
| Date 09/11/2003 | Payee name Harris County Republ Payee address; City; State; Zip Code 3311 Richmond Ste 218 Houston, TX 77098- | Amount (\$) 1,200.00 |
| 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 08/15/2003 | Payee name Kindra Hefner Payee address; City; State; Zip Code 4515 Tall Ridge Court Kingwood, TX 77339- | Amount (\$) 2,000.00 |
| Purpose of expenditure (See instructions regarding type of information required.) consulting fee | | ** 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 07/28/2003 | Payee name Jasons Deli Payee address; City; State; Zip Code 901 McKinney Street Houston, TX 77002-6308 | Amount (\$) 145.10 |
| Purpose of expenditure (See instructions regarding type of information required.) volunteer expense | | ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name |
| Date 07/21/2003 | Payee name Kingwood Executive S Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339- | Amount (\$) 325.00 |
| Purpose of expenditure (See instructions regarding type of information required.) rent | | ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name |
| Date 08/01/2003 | Payee name Kingwood Executive S Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339- | Amount (\$) 325.00 |
| Purpose of expenditure (See instructions regarding type of information required.) rent | | ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name |
| Date 08/28/2003 | Payee name Kingwood Executive S Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339- | Amount (\$) 325.00 |
| Purpose of expenditure (See instructions regarding type of information required.) rent | | ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name |
| Date 09/03/2003 | Payee name Kingwood Executive S Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339- | Amount (\$) 600.00 |
| Purpose of expenditure (See instructions regarding type of information required.) rent | | ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name |
| Date 08/01/2003 | Payee name Kingwood Kiwanis Clu Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325- | Amount (\$) 100.00 |
| Purpose of expenditure (See instructions regarding type of information required.) contribution | | ** 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 08/22/2003 | Payee name Leedy Graphics Payee address; City; State; Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068- | Amount (\$) 1,480.86 |
| 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 08/22/2003 | Payee name Minuteman Press Payee address; City; State; Zip Code 238 E. First Street Humble, TX 77338- | Amount (\$) 1,631.33 |
| 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 09/19/2003 | Payee name Minuteman Press Payee address; City; State; Zip Code 238 E. First Street Humble, TX 77338- | Amount (\$) 139.64 |
| 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 08/28/2003 | Payee name Julie Roper-Foster Payee address; City; State; Zip Code 2215 Thousand Pines Kingwood, TX 77339- | Amount (\$) 375.00 |
| 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 09/15/2003 | Payee name SEED Payee address; City; State; Zip Code 1001 Southmore Ste 901 Pasadena, TX 77502-1209 | Amount (\$) 20.00 |
| Purpose of expenditure (See instructions regarding type of information required.) contribution | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought |
| Date 08/15/2003 | Payee name Sk Strategies Payee address; City; State; Zip Code 55 Waugh Drive, Suite 610 Houston, TX 77007- | Amount (\$) 928.57 |
| Purpose of expenditure (See instructions regarding type of information required.) consulting fee | | ** 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 09/18/2003 | Payee name Southwest Bank of Te Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227-7459 | Amount (\$) 3.00 |
| Purpose of expenditure (See instructions regarding type of information required.) bank charge for cashiers ck | | ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name |
| Date 09/15/2003 | Payee name The Bridge Payee address; City; State; Zip Code PO Box 3488 Pasadena, TX 77501- | Amount (\$) 35.00 |
| Purpose of expenditure (See instructions regarding type of information required.) contribution | | ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name |
| Date 08/01/2003 | Payee name UNCF Payee address; City; State; Zip Code 1235 North Loop W Ste 1010 Houston, TX 77008-4708 | Amount (\$) 250.00 |
| Purpose of expenditure (See instructions regarding type of information required.) sponsorship | | ** 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 | | |