

# 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

Change of Address

PO BOX 6667 Kingwood, Texas 77325 6667

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

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  
10 / 16 / 03    12 / 31 / 03

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     General     Special  
11 / 04 / 03

12 OFFICE

OFFICE HELD (if any)  
Houston City Council; District E

13 OFFICE SOUGHT (if known)

Houston City Council; District E

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

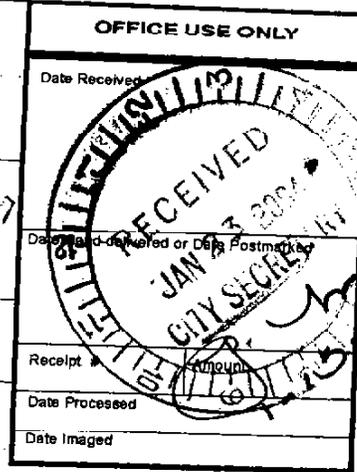
-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

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 files)

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

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

\$

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

\$ 15,450.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 34,161.94

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

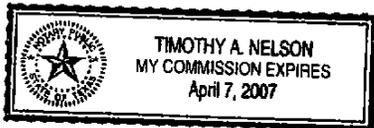
\$ 30,808.09

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Timothy A. Nelson, this the 15 day of January, 2004, 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

542  
Mr. Notary Public  
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  
7

2 FILER NAME

Addie Wiseman

3 ACCOUNT #(Ethics Commission filers)

4 Date

12/11/2003

5 Full Name of contributor

Nicholas Aschliman

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address;

City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

4 Date

12/16/2003

5 Full Name of contributor

Associated Builders & Contractors PAC

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address;

City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

4 Date

12/16/2003

5 Full Name of contributor

James Binkley

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

6 Contributor address;

City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

4 Date

12/16/2003

5 Full Name of contributor

Jeffrey Bricker

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address;

City; State; Zip Code

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 12/16/2003	Full Name of contributor Frank E. Brooks 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 12/16/2003	Full Name of contributor Marian L. Burrows Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 12/08/2003	Full Name of contributor Dory Falk 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)
Principal occupation (Optional)		Employer (Optional)		
Date 12/16/2003	Full Name of contributor Michael Fowler Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 12/16/2003	Full Name of contributor H. Lee Godfrey 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 12/16/2003	Full Name of contributor James Hackett 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)
Principal occupation (Optional)		Employer (Optional)		
Date 12/16/2003	Full Name of contributor Randal M. Hall 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)		
Date 12/16/2003	Full Name of contributor Hermes Architects PAC 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)
Principal occupation (Optional)		Employer (Optional)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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Total pages Schedule A1

**FILER NAME**

Addie Wiseman

ACCOUNT #(Ethics Commission filers)

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)
12/08/2003	Suzanne Hill [REDACTED]		500.00	
Principal occupation (Optional)		Employer (Optional)		
12/16/2003	Houston Associated General Contractors [REDACTED]		1,000.00	
Principal occupation (Optional)		Employer (Optional)		
12/16/2003	Houston Fire Fighters PAC [REDACTED]		3,000.00	
Principal occupation (Optional)		Employer (Optional)		
12/16/2003	Houston Police Patro [REDACTED]		100.00	
Principal occupation (Optional)		Employer (Optional)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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Total pages Schedule A1

**FILER NAME**

Addie Wiseman

ACCOUNT #(Ethics Commission filers)

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)
12/16/2003	Louise Jefferson [REDACTED]		500.00	
Principal occupation (Optional)		Employer (Optional)		
12/16/2003	Carl A. Joiner [REDACTED]		250.00	
Principal occupation (Optional)		Employer (Optional)		
12/16/2003	A. L. Keller [REDACTED]		50.00	
Principal occupation (Optional)		Employer (Optional)		
12/16/2003	Landry's Restaurants PAC [REDACTED]		1,000.00	
Principal occupation (Optional)		Employer (Optional)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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**FILER NAME**

Addie Wiseman

ACCOUNT # (Ethics Commission files)

Date	Full Name of contributor	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/16/2003	Eileen Leflore Lawal Contributor address; _____ City; State; Zip Code	<input type="checkbox"/>	500.00	
Principal occupation (Optional)		Employer (Optional)		
12/16/2003	Ann Lents Contributor address; _____ City; State; Zip Code	<input type="checkbox"/>	500.00	
Principal occupation (Optional)		Employer (Optional)		
12/16/2003	John R. Lester Contributor address; _____ City; State; Zip Code	<input type="checkbox"/>	200.00	
Principal occupation (Optional)		Employer (Optional)		
12/08/2003	Locke, Liddell & Sap Contributor address; _____ City; State; Zip Code	<input type="checkbox"/>	500.00	
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 12/16/2003	Full Name of contributor Harry Mach 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 12/16/2003	Full Name of contributor Kim McLean 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 12/16/2003	Full Name of contributor Zeineba Mohammed 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 12/16/2003	Full Name of contributor Harlan E. Smith Contributor address; [REDACTED]	<input type="checkbox"/> out of state PAC (ID#: _____ ) City; State; Zip Code	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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**FILER NAME**

Addie Wiseman

ACCOUNT #(Ethics Commission filers)

Date 12/16/2003	Full Name of contributor <b>Southwest Airlines</b> Contributor address: [REDACTED] City: State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

Date 12/16/2003	Full Name of contributor <b>Melvin G. Spinks</b> Contributor address: [REDACTED] 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 12/08/2003	Full Name of contributor <b>Henry J.N. Taub</b> Contributor address: [REDACTED] City: State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)  50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

Date 12/16/2003	Full Name of contributor <b>Rosalind Doyle Triplett</b> Contributor address: [REDACTED] City: State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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SPAC, & SPAC-SS)

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**FILER NAME**

Addie Wiseman

ACCOUNT #(Ethics Commission filers)

Date 12/16/2003	Full Name of contributor <b>Charles G. Untermeyer</b> 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)
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Principal occupation (Optional)

Employer (Optional)

Date 12/16/2003	Full Name of contributor <b>Westchase PAC</b> 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)
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Principal occupation (Optional)

Employer (Optional)

Date / /	Full Name of contributor Contributor address;	<input type="checkbox"/> out of state PAC (ID#: _____ ) City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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## POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.						1 Total pages Schedule F:	7
2 FILER NAME Addie Wiseman						3 ACCOUNT # (Ethics Commission files)	
4 Date 12/30/2003	5 Payee name Bay Area Houston Bal					7 Amount (\$)	
	6 Payee address; City, State, Zip Code PO Box 580466 Houston, TX 77258-					5,000.00	
8 Purpose of expenditure (See instructions regarding type of information required.) sponsorship					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
4 Date 12/29/2003	5 Payee name Container Store					7 Amount (\$)	
	6 Payee address; City, State, Zip Code 5466 FM 1960 West Houston, TX 77069-					61.67	
8 Purpose of expenditure (See instructions regarding type of information required.) supplies					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
4 Date 12/30/2003	5 Payee name Container Store					7 Amount (\$)	
	6 Payee address; City, State, Zip Code 5466 FM 1960 West Houston, TX 77069-					39.32	
8 Purpose of expenditure (See instructions regarding type of information required.) supplies					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
4 Date 12/11/2003	5 Payee name Falk Imaging Int'l					7 Amount (\$)	
	6 Payee address; City, State, Zip Code 1525 Lakeville Drive Suite 250 Charles Falk Kingwood, TX 77339-					155.51	
8 Purpose of expenditure (See instructions regarding type of information required.) photography					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
4 Date 12/11/2003	5 Payee name Falk Imaging Int'l					7 Amount (\$)	
	6 Payee address; City, State, Zip Code 1525 Lakeville Drive Suite 250 Charles Falk Kingwood, TX 77339-					142.64	
8 Purpose of expenditure (See instructions regarding type of information required.) photography					9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
4 Date 11/13/2003	5 Payee name Flowers Etc.					7 Amount (\$)	
	6 Payee address; City, State, Zip Code 14010 Post Oak Road Houston, TX 77045-5166					244.45	
8 Purpose of expenditure (See instructions regarding type of information required.) event expense					9 ** 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.

FILER NAME		Total pages Schedule F:
Addie Wiseman		
Date	Payee name Martha Galvan	ACCOUNT # (Ethics Commission filers)
11/13/2003	Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 141.66
Purpose of expenditure (See instructions regarding type of information required.) reimbursements		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date	Payee name Martha Galvan	Amount (\$)
12/08/2003	Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	96.05
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	Payee name Martha Galvan	Amount (\$)
12/23/2003	Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	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	Payee name Casey Griffin	Amount (\$)
10/28/2003	Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	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	Payee name Casey Griffin	Amount (\$)
11/07/2003	Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	200.00
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	Payee name Casey Griffin	Amount (\$)
11/19/2003	Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	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

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## POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME		ACCOUNT # (Ethics Commission filers)
Addie Wiseman		
Date	Payee name Casey Griffin	Amount (\$)
12/05/2003	Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	
Purpose of expenditure (See instructions regarding type of information required.) volunteer expense		144.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date	Payee name Casey Griffin	Amount (\$)
12/18/2003	Payee address; City; State; Zip Code 1914 North Shore Drive Kingwood, TX 77339-	
Purpose of expenditure (See instructions regarding type of information required.) volunteer expense		144.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date	Payee name Heritage Center	Amount (\$)
12/11/2003	Payee address; City; State; Zip Code 2825 W Town Center Circle Michael A. Fuhre Humble, TX 77325-	
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		270.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date	Payee name International Mailin	Amount (\$)
10/28/2003	Payee address; City; State; Zip Code 815 Live Oak Houston, TX 77003-	
Purpose of expenditure (See instructions regarding type of information required.) direct mail		6,972.00
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date	Payee name Kight Printing	Amount (\$)
10/28/2003	Payee address; City; State; Zip Code 5750 Bintliff, Suite 202 Houston, TX 77036-	
Purpose of expenditure (See instructions regarding type of information required.) Printing		452.56
		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date	Payee name Kingwood Executive S	Amount (\$)
11/12/2003	Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	
Purpose of expenditure (See instructions regarding type of information required.) rent		325.00
		** 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 11/13/2003	Payee name Kingwood Kiwanis Clu Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-	Amount (\$) 200.00
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 10/28/2003	Payee name Kingwood/Humble Cham Payee address; City; State; Zip Code 110 W. Main Humble, TX 77338-	Amount (\$) 252.00
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 10/28/2003	Payee name Leedy Graphics Payee address; City; State; Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068-	Amount (\$) 3,458.59
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 10/28/2003	Payee name Logostuff Payee address; City; State; Zip Code 20011 Cherry Oaks Lane Nancy Shortsleeve Humble, TX 77346-	Amount (\$) 250.27
Purpose of expenditure (See instructions regarding type of information required.) materials		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 12/23/2003	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 12/23/2003	Payee name Linda Masserie Payee address; City; State; Zip Code 4633 Wild Indigo #521 Houston, TX 77027-	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
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

## POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

Total pages Schedule F:

## FILER NAME

Addie Wiseman

ACCOUNT #  
(Ethics Commission filers)

Date

Payee name

Heather Mitchum

Payee address;

City;

State;

Zip Code

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

Payee name

NATCA Charitable Fou

Payee address;

City;

State;

Zip Code

Amount  
(\$)

75.00

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

Payee name

Party City

Payee address;

City;

State;

Zip Code

Amount  
(\$)

47.60

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

Payee name

Party City

Payee address;

City;

State;

Zip Code

Amount  
(\$)

64.48

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

Payee name

Party City

Payee address;

City;

State;

Zip Code

Amount  
(\$)

54.07

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

Payee name

Randalls

Payee address;

City;

State;

Zip Code

Amount  
(\$)

78.99

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.

FILER NAME		Total pages Schedule F:
Addie Wiseman		
Date	Payee name	ACCOUNT # (Ethics Commission filers)
12/08/2003	Sprint	
	Payee address; City; State; Zip Code	Amount (\$)
	P.O. Box 152046 Irving, TX 75015-2046	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	Payee name	Amount (\$)
11/13/2003	The Citizen	
	Payee address; City; State; Zip Code	
	17511 El Camino Real Houston, TX 77058-	36.00
Purpose of expenditure (See instructions regarding type of information required.) reference material		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date	Payee name	Amount (\$)
10/29/2003	Time Warner Advertis	
	Payee address; City; State; Zip Code	
	20 Greenway Plaza Ste 380A Houston, TX 77046-	2,002.60
Purpose of expenditure (See instructions regarding type of information required.) advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date	Payee name	Amount (\$)
11/10/2003	Addie Wiseman	
	Payee address; City; State; Zip Code	
	2011 Pine River Drive Humble, TX 77339-	415.95
Purpose of expenditure (See instructions regarding type of information required.) reimbursements		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date	Payee name	Amount (\$)
11/17/2003	Alec Wiseman	
	Payee address; City; State; Zip Code	
	2011 Pine River Humble, TX 77339-	496.26
Purpose of expenditure (See instructions regarding type of information required.) reimbursements		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date	Payee name	Amount (\$)
/ /		
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**