

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**
FORM C/OH
Cover Sheet pg 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total Pages Filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE NICKNAME	FIRST Addie LAST Wiseman	MI SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS /PO BOX; P.O. Box 6667 CITY; Kingwood	STATE; TX	APT / SUITE #; ZIP CODE 77325-6667
5 CAMPAIGN TREASURER NAME	TITLE Mrs. NICKNAME	FIRST Meg LAST Oswald	MI SUFFIX
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET OR PO BOX; 4002 Evergreen Valley Ct. CITY; Kingwood	STATE; TX	APT/SUITE #; ZIP CODE 77339
7 CAMPAIGN TREASURER PHONE	AREA CODE 281	PHONE NUMBER 360-8436	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Runoff <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year 10/28/2001		Month Day Year 11/21/2001
10 ELECTION	ELECTION DATE Month Day Year 12/01/2001	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HOLDER (if any) Other Office 0	12 OFFICE SOUGHT (if known) Other Office 0 <i>Houston City Council, District E</i>	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ... Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

Cover Sheet pg 2

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

16. NOTICE FROM POLITICAL COMMITTEE(S)	<p>... 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. ...</p>		
<input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURE NAME	
		COMMITTEE CAMPAIGN TREASURE ADDRESS	

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS UNITEMIZED	\$	175.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	37,875.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS UNITEMIZED	\$	22.12
	4. TOTAL POLITICAL EXPENDITURES	\$	18,887.95
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5000.00

19 AFFIDAVIT

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

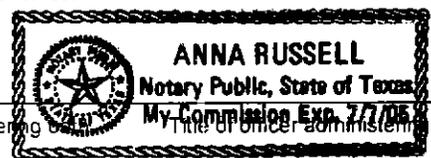
Addie Wiseman
Signature of Candidate

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Addie Wiseman this the 26th day of November, 2001, to certify which, witness my hand and seal of office.

Anna Russell
Signature of officer administering oath

Print name 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 10
2 FILER NAME Addie Wiseman						3 ACCOUNT #(Ethics Commission filers)	
4 Date 11/13/2001	5 Full Name of contributor Dionel E. Aviles <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77077-1942	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)			
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 11/06/2001	5 Full Name of contributor Jill Bagley <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Humble, TX 77339-	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)			
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 11/08/2001	5 Full Name of contributor Baker & Botts Amicus <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002-	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)			
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 11/19/2001	5 Full Name of contributor Larry Barfield <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77070-	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)			
9 Principal occupation (Optional)				10 Employer (Optional)			
4 Date 11/16/2001	5 Full Name of contributor James Binkley <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77008-	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)			
9 Principal occupation (Optional)				10 Employer (Optional)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)	
Date	Full Name of contributor Mark Boyer Contributor address; [REDACTED] Houston, TX 77064-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor L.S. Brown Contributor address; [REDACTED] Houston, TX 77077-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor CLR Texas PAC Contributor address; [REDACTED] Houston, TX 77040-	<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	Full Name of contributor John Chang Contributor address; [REDACTED] Houston, TX 77027-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor Terry Cheng Contributor address; [REDACTED] Houston, TX 77057-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<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 11/20/2001	Full Name of contributor James Dannenbaum Contributor address; [REDACTED] Houston, TX 77098-	<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		
Date 10/28/2001	Full Name of contributor Chris Demopoulos Contributor address; [REDACTED] Houston, TX 77093-	<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 11/19/2001	Full Name of contributor William F. Fendley Contributor address; [REDACTED] Hockley, TX 77447-	<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 11/13/2001	Full Name of contributor C. M. Garver Contributor address; [REDACTED] Houston, TX 77023-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 11/08/2001	Full Name of contributor Greater Greenspoint PAC Contributor address; [REDACTED] Houston, TX 77024-	<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)		

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 11/19/2001	Full Name of contributor William J. Harper Contributor address; [REDACTED] Houston, TX 77041-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/30/2001	Full Name of contributor Hermes Reed Architects PAC Contributor address; [REDACTED] Houston, TX 77063-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/29/2001	Full Name of contributor Helen I. Hodges Contributor address; [REDACTED] League City, TX 77573-	<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 11/14/2001	Full Name of contributor Hou Con Pac Contributor address; [REDACTED] Bellaire, TX 77401-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 11/06/2001	Full Name of contributor Houston Firefighters PAC Contributor address; [REDACTED] Houston, TX 77009-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 11/16/2001	Full Name of contributor Houston Firefighters PAC Contributor address; [REDACTED] Houston, TX 77009-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/28/2001	Full Name of contributor Houston Police Officers Union PAC Contributor address; [REDACTED] Houston, TX 77007-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 11/09/2001	Full Name of contributor Houston Police Officers Union PAC Contributor address; [REDACTED] Houston, TX 77007-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 4,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 11/20/2001	Full Name of contributor IEC of Houston PAC Contributor address; [REDACTED] Houston, TX 77007-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 11/20/2001	Full Name of contributor Kenneth James Contributor address; [REDACTED] Kingwood, TX 77345-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<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 11/19/2001	Full Name of contributor J. R. "Bob" Jones Contributor address; [REDACTED] Houston, TX 77081-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 11/09/2001	Full Name of contributor Lan-Pac Contributor address; [REDACTED] Houston, TX 77042-	<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 11/08/2001	Full Name of contributor Landry's Restaurants PAC Contributor address; [REDACTED] Houston, TX 77056-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 11/19/2001	Full Name of contributor Roberto Lay-Su Contributor address; [REDACTED] Houston, TX 77031-	<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 11/10/2001	Full Name of contributor Richard Lewis Contributor address; [REDACTED] Katy, TX 77449-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional) Executive		Employer (Optional) RWL Construction Co		
<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 <input type="checkbox"/> out of state PAC (ID#: _____) Locke, Liddell & Sap	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/08/2001	Contributor address; City; State; Zip Code [REDACTED] Mr. Robert D. Miller Houston, TX 77002-	1,000.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Ranney W. McDonough	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/13/2001	Contributor address; City; State; Zip Code [REDACTED] Bellaire, TX 77401-	1,000.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) F. William Othon	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/20/2001	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77042-	300.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Page, Southerland an	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/19/2001	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77058-	1,000.00		
Principal occupation (Optional)		Employer (Optional)		
Date	Full Name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Steve Pate	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/19/2001	Contributor address; City; State; Zip Code [REDACTED] Spring, TX 77380-	1,000.00		
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 11/07/2001	Full Name of contributor Bob J. Perry Contributor address; [REDACTED] Houston, TX 77234-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 11/14/2001	Full Name of contributor Gordon Quan Campaign Contributor address; [REDACTED] Houston, TX 77055-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 11/14/2001	Full Name of contributor Jeanette Rash Contributor address; [REDACTED] Houston, TX 77020-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 11/19/2001	Full Name of contributor Dennis W. Sander Contributor address; [REDACTED] Houston, TX 77042-	<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)		
Date 11/04/2001	Full Name of contributor Frank Silverwise Contributor address; [REDACTED] Kingwood, TX 77339-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
<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 11/20/2001	Full Name of contributor Jon Strange Contributor address; [REDACTED] Katy, TX 77494-1808	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/28/2001	Full Name of contributor John Stroehlein Contributor address; [REDACTED] Houston, TX 77019-	<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)		
Date 11/19/2001	Full Name of contributor Turner Collie & Brad Contributor address; [REDACTED] Houston, TX 77057-	<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 11/14/2001	Full Name of contributor Kenneth W. Ulmer Contributor address; [REDACTED] Houston, TX 77041-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/28/2001	Full Name of contributor Union Pacific Corporation Contributor address; [REDACTED] Washington, DC 20005-	<input checked="" 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)		

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 11/19/2001	Full Name of contributor Uptown Houston PAC Contributor address; [REDACTED] Houston, TX 77055-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 10/29/2001	Full Name of contributor West Gulf Marine Contributor address; [REDACTED] Houston, TX 77029-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 11/19/2001	Full Name of contributor West Gulf Marine Contributor address; [REDACTED] Houston, TX 77029-	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date / /	Full Name of contributor Contributor address; [REDACTED]	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date / /	Full Name of contributor Contributor address; [REDACTED]	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Addie Wiseman		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/19/2001	5 Payee name Americas Campaign St 6 Payee address; City; State; Zip Code P.O. Box 1612 Attention: Jay Jeffersonville, IN 47131-	7 Amount (\$) 669.34
8 Purpose of expenditure (See instructions regarding type of information required.) signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 10/29/2001	5 Payee name Balloons R Better 6 Payee address; City; State; Zip Code Kingwood, TX 77339-	7 Amount (\$) 76.31
8 Purpose of expenditure (See instructions regarding type of information required.) decorations		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 11/12/2001	5 Payee name Clear Channel 6 Payee address; City; State; Zip Code 1313 West Loop North Houston, TX 77055-	7 Amount (\$) 125.39
8 Purpose of expenditure (See instructions regarding type of information required.) advertising		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 11/12/2001	5 Payee name Clear Channel 6 Payee address; City; State; Zip Code 1313 West Loop North Houston, TX 77055-	7 Amount (\$) 707.63
8 Purpose of expenditure (See instructions regarding type of information required.) ad		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 10/29/2001	5 Payee name Fls-dci 6 Payee address; City; State; Zip Code 7320 N. DREAMY DRAW DR PHOENIX, AZ 85020	7 Amount (\$) 2,747.78
8 Purpose of expenditure (See instructions regarding type of information required.) phone -get out the vote calls		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
4 Date 10/30/2001	5 Payee name H & H Distributors 6 Payee address; City; State; Zip Code 12641 McNair Houston, TX 77015-	7 Amount (\$) 900.00
8 Purpose of expenditure (See instructions regarding type of information required.) delivery		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 11/06/2001	Payee name Home Plate Restaurant Payee address: _____ City; _____ State; _____ Zip Code 1800 Fannin Houston, TX 77090-	Amount (\$) 1,026.00
Purpose of expenditure (See instructions regarding type of information required.) food		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/29/2001	Payee name International Mailing Payee address: _____ City; _____ State; _____ Zip Code 815 Live Oak Houston, TX 77003	Amount (\$) 3,612.50
Purpose of expenditure (See instructions regarding type of information required.) mailout		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/12/2001	Payee name Kingwood Executive Ste. Payee address: _____ City; _____ State; _____ Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 950.00
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 10/29/2001	Payee name Leedy Graphics Payee address: _____ City; _____ State; _____ Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068-	Amount (\$) 2,237.53
Purpose of expenditure (See instructions regarding type of information required.) printing		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/16/2001	Payee name Leedy Graphics Payee address: _____ City; _____ State; _____ Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068-	Amount (\$) 4,242.32
Purpose of expenditure (See instructions regarding type of information required.) printing		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/16/2001	Payee name Leedy Graphics Payee address: _____ City; _____ State; _____ Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068-	Amount (\$) 408.10
Purpose of expenditure (See instructions regarding type of information required.) printing		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name

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 11/14/2001	Payee name Randalls Payee address; City; State; Zip Code 4540 Kingwood Drive Kingwood, TX 77345-	Amount (\$) 102.00
Purpose of expenditure (See instructions regarding type of information required.) stamps - three rolls		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 11/02/2001	Payee name Robert Sheridan Payee address; City; State; Zip Code 1906 Southern Pine Kingwood, TX 77339-	Amount (\$) 225.00
Purpose of expenditure (See instructions regarding type of information required.) contract		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 11/09/2001	Payee name Robert Sheridan Payee address; City; State; Zip Code 1906 Southern Pine Kingwood, TX 77339-	Amount (\$) 225.00
Purpose of expenditure (See instructions regarding type of information required.) contract		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 11/16/2001	Payee name Robert Sheridan Payee address; City; State; Zip Code 1906 Southern Pine Kingwood, TX 77339-	Amount (\$) 225.00
Purpose of expenditure (See instructions regarding type of information required.) contract		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 11/15/2001	Payee name Sprint Payee address; City; State; Zip Code HOUSTON, TX	Amount (\$) 385.93
Purpose of expenditure (See instructions regarding type of information required.) telephone charges		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
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 ** Candidate / Officeholder name Office held / sought

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED