

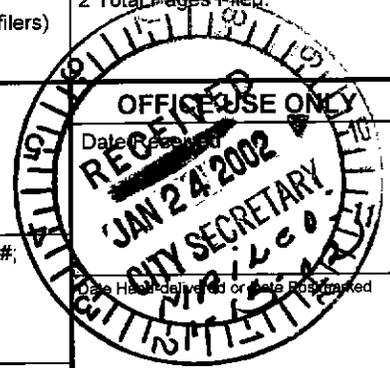
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

FIRST

MI

Addie

NICKNAME

LAST

SUFFIX

Wiseman

4 CANDIDATE/
OFFICEHOLDER
ADDRESS

ADDRESS /PO BOX;

APT/ SUITE #;

P.O. Box 6667

CITY;

STATE;

ZIP CODE

Kingwood

TX

77325

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

Ms.

Meg

NICKNAME

LAST

SUFFIX

Oswald

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER'S
STREET ADDRESS
(Residence or business)

STREET OR PO BOX;

APT/SUITE #;

P. O. Box 6667

CITY;

STATE;

ZIP CODE

Kingwood

TX

77325

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

281

360-3924

8 REPORT TYPE

January 15

30th day before election

Exceeded \$500 limit

July 15

8th day before election

15th day after campaign treasurer appointment (officeholder only)

Runoff

Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year

Month Day Year

11/22/2001

THROUGH

12/31/2001

10 ELECTION

ELECTION DATE
Month Day Year
12/01/2001

ELECTION TYPE

Primary

Runoff

General

Special

11 OFFICE

OFFICE HOLDER (if any)
Other Office 0

12 OFFICE SOUGHT (if known)

Other Office 0

Houston City Council, District E

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

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)

... 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. ...

additional pages

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS 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	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS UNITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	43,085.38
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

19 AFFIDAVIT

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

Addie Wiseman
Signature of Candidate

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Addie Wiseman this the 15 day of January, 2002, to certify which, witness my hand and seal of office.

Magda Cuello Magda Cuello
Signature of officer administering oath Print name of officer administering oath 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 2	
2 FILER NAME Addie Wiseman				3 ACCOUNT #(Ethics Commission filers)	
4 Date 11/27/2001	5 Full Name of contributor AGC Houston PAC <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77092-	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)		
4 Date 11/26/2001	5 Full Name of contributor Judith Cunningham <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77095-	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)		
4 Date 12/12/2001	5 Full Name of contributor Ali Davari <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77257-0413	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)		
4 Date 11/23/2001	5 Full Name of contributor Alan Helfman <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024-	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)	
9 Principal occupation (Optional)			10 Employer (Optional)		
4 Date 11/25/2001	5 Full Name of contributor Stephen Powell <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code [REDACTED] The Woodlands, TX 77381-	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 filers)	
Date 11/27/2001	Full Name of contributor Sparks-Barlow-Barnet Contributor address; [REDACTED] Houston, TX 77056-	<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 11/22/2001	Full Name of contributor Vinson & Elkins PAC Contributor address; [REDACTED] Houston, TX 77002-6760	<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)		
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: 4
2 FILER NAME Addie Wiseman		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/05/2001	5 Payee name A. P. Graphics 6 Payee address; City; State; Zip Code 2411 Pine Blvd. Houston, TX 77005-	7 Amount (\$) 24.36
8 Purpose of expenditure (See instructions regarding type of information required.) printing		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
4 Date 12/01/2001	5 Payee name Balloons R Better 6 Payee address; City; State; Zip Code Kingwood, TX 77339-	7 Amount (\$) 60.89
8 Purpose of expenditure (See instructions regarding type of information required.) decorations		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
4 Date 11/23/2001	5 Payee name Door Man Etc. 6 Payee address; City; State; Zip Code <i>12614 McNair Houston, TX 77015</i>	7 Amount (\$) 2,700.00
8 Purpose of expenditure (See instructions regarding type of information required.) literature distribution		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
4 Date 11/29/2001	5 Payee name Executive Mail 6 Payee address; City; State; Zip Code 1299 Murphy Road # M3 Stafford, TX 77477-	7 Amount (\$) 82.40
8 Purpose of expenditure (See instructions regarding type of information required.) courier		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
4 Date 12/05/2001	5 Payee name Fls-dci 6 Payee address; City; State; Zip Code Feathers Larson Company 4803 Angela Avenue Jefferson City, MO 65109-	7 Amount (\$) 2,462.04
8 Purpose of expenditure (See instructions regarding type of information required.) paid phones		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
4 Date 11/30/2001	5 Payee name Kindra Hefner 6 Payee address; City; State; Zip Code 4515 Tall Ridge Court Kingwood, TX 77339-	7 Amount (\$) 250.00
8 Purpose of expenditure (See instructions regarding type of information required.) reimburse for volunteer lunches		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 12/05/2001	Payee name Kindra Hefner ----- Payee address; City; State; Zip Code 4515 Tall Ridge Court Kingwood, TX 77339-	Amount (\$) 11,000.00
Purpose of expenditure (See instructions regarding type of information required.) consulting		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/01/2001	Payee name Home Plate Restoran ----- Payee address; City; State; Zip Code 1800 Fannin Houston, TX 77090-	Amount (\$) 1,419.91
Purpose of expenditure (See instructions regarding type of information required.) Election Party		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/29/2001	Payee name International Mailin ----- Payee address; City; State; Zip Code 815 Live Oak Houston, TX 77003-	Amount (\$) 3,230.35
Purpose of expenditure (See instructions regarding type of information required.) Direct Mail		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/26/2001	Payee name Kingwood Area Republ ----- Payee address; City; State; Zip Code 5310 Beaver Lodge Carla Copp Kingwood, TX 77345-	Amount (\$) 25.00
Purpose of expenditure (See instructions regarding type of information required.) banquet		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/07/2001	Payee name Kingwood Executive S ----- Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 162.50
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 11/26/2001	Payee name Leedy Graphics ----- Payee address; City; State; Zip Code 17101 Kuykendahl Larry Leedy Houston, TX 77068-	Amount (\$) 4,679.65
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 12/18/2001	Payee name D'Ann Marro Payee address; City; State; Zip Code P. O. Box 6667 Humble, TX 77325-6667	Amount (\$) 1,500.00
Purpose of expenditure (See instructions regarding type of information required.) contract		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/25/2001	Payee name Postmaster Payee address; City; State; Zip Code 4025 Feather Lake Way Kingwood, TX 77345-	Amount (\$) 147.00
Purpose of expenditure (See instructions regarding type of information required.) postage		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/28/2001	Payee name Rhode Runners Payee address; City; State; Zip Code 1118 Turney Houston, TX 77038-	Amount (\$) 16.00
Purpose of expenditure (See instructions regarding type of information required.) courier		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/29/2001	Payee name Rhode Runners Payee address; City; State; Zip Code 1118 Turney Houston, TX 77038-	Amount (\$) 26.00
Purpose of expenditure (See instructions regarding type of information required.) courier		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/30/2001	Payee name Rhode Runners Payee address; City; State; Zip Code 1118 Turney Houston, TX 77038-	Amount (\$) 18.00
Purpose of expenditure (See instructions regarding type of information required.) couriers		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/23/2001	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 labor		** 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 12/02/2001	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 labor		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/05/2001	Payee name Robert Sheridan Payee address; City; State; Zip Code 1906 Southern Pine Kingwood, TX 77339-	Amount (\$) 1,000.00
Purpose of expenditure (See instructions regarding type of information required.) bonus		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/07/2001	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 labor		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/18/2001	Payee name Sprint Payee address; City; State; Zip Code P.O. Box 152046 Irving, TX 75015-2046	Amount (\$) 406.28
Purpose of expenditure (See instructions regarding type of information required.) phones		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/25/2001	Payee name Total Traffic Network Payee address; City; State; Zip Code 510 Lovett Avenue Houston, TX 77006-	Amount (\$) 8,200.00
Purpose of expenditure (See instructions regarding type of information required.) radio spot		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/05/2001	Payee name Addie Wiseman Payee address; City; State; Zip Code 2011 Pine River Drive Humble, TX 77339-	Amount (\$) 5,000.00
Purpose of expenditure (See instructions regarding type of information required.) loan repayment		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		