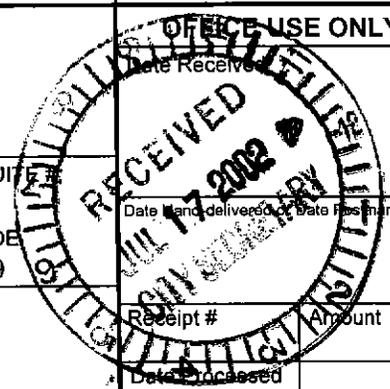


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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 type="checkbox"/> Change of Address	ADDRESS / PO BOX; 2011 Pine River Drive CITY; Kingwood	STATE; TX	APT / SUITE # ZIP CODE 77339
5 CAMPAIGN TREASURER NAME	TITLE Ms. NICKNAME	FIRST Meg LAST Oswald	MI SUFFIX
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET OR PO BOX; 4002 Evergreen Valley Court CITY; Kingwood	STATE; TX	APT/SUITE #; ZIP CODE 77345
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 checked="" type="checkbox"/> July 15 <input 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 THROUGH Month Day Year 01/01/2002 06/30/2002		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2003	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HOLDER (if any) Other Office 0	CITY OF HOUSTON COUNCIL MEMBER, DISTRICT E 12 OFFICE SOUGHT (if known) Other Office 0	
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)

... 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. ...

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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)	\$	25,050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS UNITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	18,062.64
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 informaton required to be reported by me under Title 15, Election Code.



Addie Wiseman
Signature of CANDIDATE/OFFICE HOLDER

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said ADDIE WISEMAN, this the 15th day of July, 2002, to certify which, witness my hand and seal of office.

Leticia Ann Chapa Leticia Ann Chapa Notary
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 9
2 FILER NAME Addie Wiseman							3 ACCOUNT #(Ethics Commission filers)
4 Date 04/03/2002	5 Full Name of contributor Ross C. Allyn <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 04/03/2002	5 Full Name of contributor Andrews & Kurth L.L. <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 04/03/2002	5 Full Name of contributor Oussama (Sam) Barbar <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)			
9 Principal occupation (Optional)			10 Employer (Optional)				
4 Date 04/03/2002	5 Full Name of contributor Mark Boyer <input type="checkbox"/> out of state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)			
9 Principal occupation (Optional)			10 Employer (Optional)				
4 Date 04/04/2002	5 Full Name of contributor Bracewell & Patterso <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)				
<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 04/03/2002	Full Name of contributor Gerald M. Brady Contributor address; 	<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 04/03/2002	Full Name of contributor Jeffrey Bricker Contributor address; 	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/03/2002	Full Name of contributor CDMPAC Contributor address; 	<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 04/03/2002	Full Name of contributor Darryl B. Carter Contributor address; 	<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 04/03/2002	Full Name of contributor Continental Airlines Contributor address; 	<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 04/03/2002	Full Name of contributor Brian P. Cweren 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 04/03/2002	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)		Employer (Optional)		
Date 04/03/2002	Full Name of contributor Fulbright & Jaworski Contributor address; [REDACTED]	<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 04/03/2002	Full Name of contributor C. M. Garver Contributor address; [REDACTED]	<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 04/03/2002	Full Name of contributor Charles Douglas Gooden Contributor address; [REDACTED]	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 150.00	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)

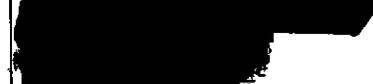
The Instruction Guide explains how to complete this form.			Total pages Schedule A1	
FILER NAME Addie Wiseman			ACCOUNT #(Ethics Commission filers)	
Date 04/03/2002	Full Name of contributor H-CAR Pac Contributor address; [REDACTED]	<input type="checkbox"/> out of state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/03/2002	Full Name of contributor Hou Con Pac 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 04/03/2002	Full Name of contributor Kenneth James Contributor address; [REDACTED]	<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 04/03/2002	Full Name of contributor Herbert Johnson 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 04/03/2002	Full Name of contributor Carolyn L. Lacye 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)		

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 04/03/2002	Full Name of contributor Ann Lents Contributor address; 	<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 04/03/2002	Full Name of contributor Richard Lewis Contributor address; 	<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 04/03/2002	Full Name of contributor Linebarger Goggan Contributor address; 	<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 04/03/2002	Full Name of contributor Locke, Liddell & Sap Contributor address; 	<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 04/03/2002	Full Name of contributor Nancy E. Mahaffay Contributor address; 	<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)		
<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>					

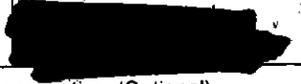
**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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 04/03/2002	Full Name of contributor Ranney W. McDonough Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC (ID#: _____)	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date 04/03/2002	Full Name of contributor Robert McNair 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 04/04/2002	Full Name of contributor PSI 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)
Principal occupation (Optional)		Employer (Optional)		
Date 04/03/2002	Full Name of contributor Powersol Group, L.P. 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 04/03/2002	Full Name of contributor Jeanette Rash 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)		
<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 04/03/2002	Full Name of contributor Brenda Bradley Smith Contributor address; 	<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 04/04/2002	Full Name of contributor Orlando Teran Contributor address; 	<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 04/03/2002	Full Name of contributor Texas Coalition for Contributor address; 	<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 04/03/2002	Full Name of contributor Turner Collie & Brad Contributor address; 	<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 04/03/2002	Full Name of contributor Union Pacific Corporation Contributor address; 	<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 04/03/2002	Full Name of contributor Vinson and Elkins Texas PAC Contributor address; [REDACTED]	<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 04/04/2002	Full Name of contributor Waste Management PAC 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 04/03/2002	Full Name of contributor Richard W. Weekley Contributor address; [REDACTED]	<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 04/03/2002	Full Name of contributor Robert J. Wilson Contributor address; [REDACTED]	<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 04/03/2002	Full Name of contributor Winstead Sechrest & Contributor address; [REDACTED]	<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)		

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 04/03/2002	Full Name of contributor Edmond D. Wulfe Contributor address; 	<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 Contributor address; City; State; Zip Code	<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; City; State; Zip Code	<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; City; State; Zip Code	<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; City; State; Zip Code	<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)		
<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 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 05/21/2002	5 Payee name A. T. & T 6 Payee address; City; State; Zip Code PO Box 78225 Phoenix, AZ 85062-8225	7 Amount (\$) 53.83	
8 Purpose of expenditure (See instructions regarding type of information required.) phone		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 02/25/2002	5 Payee name Bay Area Republican 6 Payee address; City; State; Zip Code 1314 Sprint Crest Lane Lillian Keeney Seabrook, TX 77586-	7 Amount (\$) 500.00	
8 Purpose of expenditure (See instructions regarding type of information required.) sponsorship		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 01/04/2002	5 Payee name Capitol Flag Co. 6 Payee address; City; State; Zip Code 4822 Fannin Street Houston, TX 77004-	7 Amount (\$) 344.23	
8 Purpose of expenditure (See instructions regarding type of information required.) Flags		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 02/25/2002	5 Payee name Clear Lake Chamber 6 Payee address; City; State; Zip Code 1201 E. Nasa Rd 1 Webster, TX 77598-	7 Amount (\$) 150.00	
8 Purpose of expenditure (See instructions regarding type of information required.) sponsorship		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 06/22/2002	5 Payee name Daytimer 6 Payee address; City; State; Zip Code One Willow Lane East Texas, PA 18046-	7 Amount (\$) 142.86	
8 Purpose of expenditure (See instructions regarding type of information required.) Supplies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
4 Date 05/31/2002	5 Payee name Executive Mail 6 Payee address; City; State; Zip Code 1299 Murphy Road # M3 Stafford, TX 77477-	7 Amount (\$) 116.20	
8 Purpose of expenditure (See instructions regarding type of information required.) courier		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 06/20/2002	Payee name HCCS Foundation Payee address; City; State; Zip Code 2000 Kingwood Drive Humble, TX 77339-	Amount (\$) 75.00
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 06/30/2002	Payee name Kindra Hefner Payee address; City; State; Zip Code 4515 Tall Ridge Court Kingwood, TX 77339-	Amount (\$) 1,433.45
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 01/14/2002	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 ** Candidate / Officeholder name Office held / sought
Date 02/08/2002	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 ** Candidate / Officeholder name Office held / sought
Date 03/02/2002	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 ** Candidate / Officeholder name Office held / sought
Date 04/02/2002	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 ** 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 05/06/2002	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 ** Candidate / Officeholder name Office held / sought
Date 06/18/2002	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 ** Candidate / Officeholder name Office held / sought
Date 03/31/2002	Payee name Kwik Kopy Payee address; City; State; Zip Code 2612 Chesnut Ridge Humble, TX 77339-	Amount (\$) 354.54
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 01/04/2002	Payee name Lake Houston Pachyde Payee address; City; State; Zip Code 1301 Mistletoe Lane Humble, TX 77339-	Amount (\$) 500.00
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 01/10/2002	Payee name D'Ann Marro Payee address; City; State; Zip Code P. O. Box 6667 Humble, TX 77325-6667	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) reimbursment refreshments		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 06/13/2002	Payee name Emily Martin Payee address; City; State; Zip Code 2027 Woodland Valley Humble, TX 77339-	Amount (\$) 300.00
Purpose of expenditure (See instructions regarding type of information required.) contract labor		** 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 Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 05/28/2002	Payee name Reliant Energy Payee address; City; State; Zip Code P.O. Box 1545 Houston, TX 77251-	Amount (\$) 415.26
Purpose of expenditure (See instructions regarding type of information required.) utilities		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 05/31/2002	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.) phone		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 03/20/2002	Payee name Texas Printing Payee address; City; State; Zip Code 4715 Main Houston, TX 77002-	Amount (\$) 124.67
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 04/22/2002	Payee name Walden and Assoc Payee address; City; State; Zip Code 55 Waugh Drive, Suite 610 Houston, TX 77007-	Amount (\$) 242.75
Purpose of expenditure (See instructions regarding type of information required.) fundraising expenses		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/22/2002	Payee name Walden and Assoc Payee address; City; State; Zip Code 55 Waugh Drive, Suite 610 Houston, TX 77007-	Amount (\$) 10,000.00
Purpose of expenditure (See instructions regarding type of information required.) Financial consulting		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 04/22/2002	Payee name Walden and Assoc Payee address; City; State; Zip Code 55 Waugh Drive, Suite 610 Houston, TX 77007-	Amount (\$) 553.57
Purpose of expenditure (See instructions regarding type of information required.) printing expenses		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
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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 06/20/2002	Payee name Ashley Ward Payee address; City; State; Zip Code 1907 Thousand Pines Humble, TX 77339-	Amount (\$) 300.00
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 / /	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
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
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
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