

**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: 13
3. CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR NICKNAME	FIRST Addie LAST Wiseman	MI MI SUFFIX
4 CANDIDATE/ OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS /PO BOX; PO Box 26667 CITY; Kingwood		APT/ SUITE #; STATE; TX ZIP CODE 77325-6667
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE 281	PHONE NUMBER 358-8495	EXTENSION
6 CAMPAIGN TREASURER NAME	TITLE NICKNAME	FIRST Ray LAST Garcia	MI MI SUFFIX
7 CAMPAIGN TREASURER'S ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 2 Riverdway Ste. 400 CITY; Houston		APT/SUITE #; STATE; TX ZIP CODE 77056
8 CAMPAIGN TREASURER PHONE	AREA CODE 713	PHONE NUMBER 703-3605	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input 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)		
10 PERIOD COVERED	Month Day Year 07/01/2006		THROUGH Month Day Year 12/31/2006
11 ELECTION	ELECTION DATE . Month Day Year 11/01/2005	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HOLDER (if any) Houston City Council, Dist. E 0	13 OFFICE SOUGHT (if known) Houston City Council, Dist E 0	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... 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		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS

FORM C/OH

Cover Sheet pg 2

15. C/OH NAME Addie Wiseman 16. ACCOUNT # (Ethics Commission filers)

17. NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political expenditures by political committees to support the candidate / officeholder.
COMMITTEE TYPE: GENERAL, SPECIFIC
COMMITTEE NAME, ADDRESS, CAMPAIGN TREASURE NAME, ADDRESS

Table with 3 columns: Category (CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS), Description (1-6), and Amount (\$ 0.00, \$ 0.00, \$ 0.00, \$ 18,847.82, \$ 27,908.41, \$ 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.

Handwritten signature of Addie Wiseman

Signature of candidate

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said ADDIE WISEMAN, this the 16 day of January, 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Martha Gonzalez
Print name of officer administering oath: MARTHA GONZALEZ
Title of officer administering oath:

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.				1 Total pages Schedule F: 11
2 FILER NAME Addie Wiseman				3 ACCOUNT # (Ethics Commission filers)
4 Date 07/06/2006	5 Payee name Advantage Rent-a-Car	6 Payee address; 7806 Airport Rd Houston, TX 77061-	City; State; Zip Code	7 Amount (\$) 88.96
8 Purpose of expenditure (See instructions regarding type of information required.) travel		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name		
4 Date 12/30/2006	5 Payee name Richard Allen	6 Payee address; 15934 Parkchester Drive Houston, TX 77062-	City; State; Zip Code	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) refund		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name		
4 Date 09/28/2006	5 Payee name Arthritis Foundation	6 Payee address; 3120 SW Freeway Houston, TX 77098-	City; State; Zip Code	7 Amount (\$) 125.00
8 Purpose of expenditure (See instructions regarding type of information required.) event ticket		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name		
4 Date 08/03/2006	5 Payee name BJ's Restaurant	6 Payee address; 515 Bay Area Blvd. Webster, TX 77598-	City; State; Zip Code	7 Amount (\$) 32.28
8 Purpose of expenditure (See instructions regarding type of information required.) luncheon		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name		
4 Date 08/16/2006	5 Payee name Ballunar Festival	6 Payee address; 1201 Nasa Pkwy Houston, TX 77058-	City; State; Zip Code	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 ** Office held / sought Candidate / Officeholder name		
4 Date 10/28/2006	5 Payee name Bay Area Houston Bal	6 Payee address; PO Box 580466 Houston, TX 77258-	City; State; Zip Code	7 Amount (\$) 800.00
8 Purpose of expenditure (See instructions regarding type of information required.) sponsorship		9 ** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 08/16/2006	Payee name Bay Area Republican Women PAC Payee address; City; State; Zip Code 1314 Sprint Crest Lane Lillian Keeney Seabrook, TX 77586-	Amount (\$) 75.00
Purpose of expenditure (See instructions regarding type of information required.) ad		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/22/2006	Payee name Mallory Bell Payee address; City; State; Zip Code 17826 Surrey West Lane Spring, TX 77379-	Amount (\$) 1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Admin. Assistance		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/22/2006	Payee name Aimee Bertrand Payee address; City; State; Zip Code 3626 Riverwood Park Kingwood, TX 77345-	Amount (\$) 1,000.00
Purpose of expenditure (See instructions regarding type of information required.) communications		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/23/2006	Payee name Boy Scouts of America Payee address; City; State; Zip Code 18301A Egret Bay Blvd Houston, TX 77058-	Amount (\$) 21.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/13/2006	Payee name Boy Scouts of America Payee address; City; State; Zip Code 18301A Egret Bay Blvd Houston, TX 77058-	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 08/16/2006	Payee name Bridge over Troubled Waters Payee address; City; State; Zip Code PO Box 3488 Pasadena, TX 77501-	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

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 10/02/2006	Payee name CVS Pharmacy Payee address; City; State; Zip Code 4451 Fuqua Houston, TX 77045-	Amount (\$) 17.16
Purpose of expenditure (See instructions regarding type of information required.) supplies		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 07/03/2006	Payee name Central Self Storage Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-	Amount (\$) 166.00
Purpose of expenditure (See instructions regarding type of information required.) storage		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 08/02/2006	Payee name Central Self Storage Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-	Amount (\$) 166.00
Purpose of expenditure (See instructions regarding type of information required.) storage		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 09/05/2006	Payee name Central Self Storage Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-	Amount (\$) 166.00
Purpose of expenditure (See instructions regarding type of information required.) storage		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/02/2006	Payee name Central Self Storage Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-	Amount (\$) 166.00
Purpose of expenditure (See instructions regarding type of information required.) storage		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/02/2006	Payee name Central Self Storage Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-	Amount (\$) 166.00
Purpose of expenditure (See instructions regarding type of information required.) storage		** 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 12/04/2006	Payee name Central Self Storage Payee address; City; State; Zip Code 560 Kingwood Drive Kingwood, TX 77339-	Amount (\$) 166.00
Purpose of expenditure (See instructions regarding type of information required.) storage		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/30/2006	Payee name Chris Claunch Payee address; City; State; Zip Code 15802 Spunyard St. Crosby, TX 77532-5701	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) refund		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 08/16/2006	Payee name Clear Lake Area Chamber of Commerce Payee address; City; State; Zip Code 1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$) 20.00
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/14/2006	Payee name Clear Lake Area Chamber of Commerce Payee address; City; State; Zip Code 1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$) 25.00
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/23/2006	Payee name Crowne Plaza Payee address; City; State; Zip Code 7443 Cullen Blvd Houston, TX 77051-	Amount (\$) 12.00
Purpose of expenditure (See instructions regarding type of information required.) parking		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/12/2006	Payee name Cyclone Anayas Payee address; City; State; Zip Code 309 W. Gray Houston, TX 77002-	Amount (\$) 84.96
Purpose of expenditure (See instructions regarding type of information required.) Meeting		** 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 09/29/2006	Payee name Diamond Shamrock-Ellington Payee address; City; State; Zip Code 4707 Gulf Freeway Houston, TX 77023-	Amount (\$) 15.01
Purpose of expenditure (See instructions regarding type of information required.) travel		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 07/26/2006	Payee name Doneraki Payee address; City; State; Zip Code 2836 Fulton Houston, TX 77009-	Amount (\$) 80.07
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 09/14/2006	Payee name Doneraki Payee address; City; State; Zip Code 2836 Fulton Houston, TX 77009-	Amount (\$) 140.00
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 07/07/2006	Payee name Embassy Suites Payee address; City; State; Zip Code 191 E. Pine Orlando, FL 32801-	Amount (\$) 787.99
Purpose of expenditure (See instructions regarding type of information required.) lodging		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/11/2006	Payee name Farrago Payee address; City; State; Zip Code 302 W. Gray Houston, TX 77002-	Amount (\$) 71.54
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 08/16/2006	Payee name Flowers by Georgia Payee address; City; State; Zip Code 1818 Waugh Drive Houston, TX 77006-1129	Amount (\$) 64.90
Purpose of expenditure (See instructions regarding type of information required.) flowers		** 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 11/14/2006	Payee name Flowers by Georgia Payee address; City; State; Zip Code 1818 Waugh Drive Houston, TX 77006-1129	Amount (\$) 236.75
Purpose of expenditure (See instructions regarding type of information required.) volunteer		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/22/2006	Payee name Martha Galvan Payee address; City; State; Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 1,000.00
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 09/07/2006	Payee name Hard Rock Cafe Houston Payee address; City; State; Zip Code 500 Texas St. Houston, TX 77009-	Amount (\$) 93.21
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/26/2006	Payee name Hard Rock Cafe Houston Payee address; City; State; Zip Code 500 Texas St. Houston, TX 77009-	Amount (\$) 113.16
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/02/2006	Payee name Hilton Hotels Payee address; City; State; Zip Code 3000 Nasa Pkwy Houston, TX 77058-	Amount (\$) 198.84
Purpose of expenditure (See instructions regarding type of information required.) lodging		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/04/2006	Payee name Hilton Hotels Payee address; City; State; Zip Code 3000 Nasa Pkwy Houston, TX 77058-	Amount (\$) 222.24
Purpose of expenditure (See instructions regarding type of information required.) lodging		** 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 12/11/2006	Payee name Houston Area Pastor's Council Payee address; City; State; Zip Code P.O. Box 2606 Houston, TX 77252-	Amount (\$) 600.00
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 12/11/2006	Payee name Houston Area Pastor's Council Payee address; City; State; Zip Code P.O. Box 2606 Houston, TX 77252-	Amount (\$) 100.00
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 11/14/2006	Payee name Houston Professional Fire Fighters Assoc Payee address; City; State; Zip Code Local 341 1907 Freeman Street Houston, TX 77009-	Amount (\$) 100.00
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 11/07/2006	Payee name Humble Chamber of Commerce Payee address; City; State; Zip Code 110 W. Main Humble, TX 77338-	Amount (\$) 40.00
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 11/14/2006	Payee name Humble Chamber of Commerce Payee address; City; State; Zip Code 110 W. Main Humble, TX 77338-	Amount (\$) 270.00
Purpose of expenditure (See instructions regarding type of information required.) membership		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
Date 08/30/2006	Payee name Irma's Payee address; City; State; Zip Code 1314 Texas Houston, TX 77002-	Amount (\$) 71.00
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 09/19/2006	Payee name Joe's Crab Shack Payee address; City; State; Zip Code 20100 HWY 59 N Humble, TX 77338-	Amount (\$) 46.60
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 10/16/2006	Payee name Kingwood Area Republican Women Payee address; City; State; Zip Code P.O. Box 5906 Halene Crossman Humble, TX 77325-	Amount (\$) 1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Table Sponsor		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 08/16/2006	Payee name Kiwanis Club of Kingwood Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) membership		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 09/26/2006	Payee name Kingwood Orchestra Payee address; City; State; Zip Code 3427 W Lake Houston Pkwy Humble, TX 77339-	Amount (\$) 1,500.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/14/2006	Payee name Lantar Publications Payee address; City; State; Zip Code 4111 E. Mission Spokane, WA 99202-	Amount (\$) 1,170.00
Purpose of expenditure (See instructions regarding type of information required.) Directory		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 09/29/2006	Payee name Masa Sushi Payee address; City; State; Zip Code 977 Nasa Pkwy Houston, TX 77058-	Amount (\$) 44.91
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
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 09/21/2006	Payee name RA Sushi Payee address; City; State; Zip Code 3908 Westheimer Houston, TX 77027-	Amount (\$) 48.32
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 07/03/2006	Payee name Republican Party of Texas Payee address; City; State; Zip Code 900 Congress Ave. Austin, TX 78701-	Amount (\$) 75.00
Purpose of expenditure (See instructions regarding type of information required.) meeting fee		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/22/2006	Payee name Lisa Samuel Payee address; City; State; Zip Code 14315 Wandering Wood Houston, TX 77015-	Amount (\$) 1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Admin. Assistance		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 08/07/2006	Payee name SanLuis Resort Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551-	Amount (\$) 899.23
Purpose of expenditure (See instructions regarding type of information required.) lodging		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 09/12/2006	Payee name Southeast Texas Emergency Payee address; City; State; Zip Code 5055 Bragg Circle Beaumont, TX 77705-	Amount (\$) 110.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 09/26/2006	Payee name Space Center Rotary Payee address; City; State; Zip Code 418 Center Street Deer Park, TX 77536-	Amount (\$) 1,000.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
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 12/15/2006	Payee name Spanish Flowers Restaurant Payee address; City; State; Zip Code 4701 N. Main St Houston, TX 77009-	Amount (\$) 52.93
Purpose of expenditure (See instructions regarding type of information required.) meals		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/27/2006	Payee name Subway Payee address; City; State; Zip Code 2315 Bagby Houston, TX 77006-	Amount (\$) 12.31
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 10/23/2006	Payee name TLF Flowers Payee address; City; State; Zip Code 1962 Northpark Humble, TX 77339-	Amount (\$) 68.91
Purpose of expenditure (See instructions regarding type of information required.) flowers		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 09/14/2006	Payee name Texas Ethics Commission Payee address; City; State; Zip Code 814 San Jacinto Blvd Austin, TX 78701-	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) filing		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/14/2006	Payee name The Citizen Payee address; City; State; Zip Code 17511 El Camino Real Houston, TX 77058-	Amount (\$) 36.00
Purpose of expenditure (See instructions regarding type of information required.) reference material		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/05/2006	Payee name The Fish Payee address; City; State; Zip Code 309 W. Gray Houston, TX 77002-	Amount (\$) 31.54
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
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

FILER NAME

Addie Wiseman

Total pages Schedule F:

Date

11/14/2006

Payee name

The Junior League of Houston

Payee address; City; State; Zip Code

1811 Briar Oaks Lane
Houston, TX 77027-

ACCOUNT #
(Ethics Commission filers)

Amount (\$)

40.00

Purpose of expenditure (See instructions regarding type of information required.) membership

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office held / sought

Date

11/11/2006

Payee name

Village Learning Center

Payee address; City; State; Zip Code

23910 Hwy 59 N
Humble, TX 77339-

Amount (\$)

260.00

Purpose of expenditure (See instructions regarding type of information required.) event

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office held / sought

Date

12/30/2006

Payee name

Giti Zarinkelk

Payee address; City; State; Zip Code

18 Berry Blossom
Spring, TX 77380-

Amount (\$)

1,000.00

Purpose of expenditure (See instructions regarding type of information required.) refund

** 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

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

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