Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 PAGE # 1/102

3 COMMITTEE NAME
Friends of Bill White

OFFICE USE ONLY
Date Received
RECEIVED JUL 17 2006 CITY SECRETARY
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

4 COMMITTEE ADDRESS
[N] Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
109 N. Post Oak Lane
Suite 350
Houston TX 77024

5 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Matt
NICKNAME LAST SUFFIX
Simmons

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE
700 Louisiana,Suite 5000
Houston TX 770022767

7 CAMPAIGN TREASURER'S MAILING ADDRESS
[ ] Change of Address
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
700 Louisiana,Suite 5000
Houston TX 770022767

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(713) 236-9999

9 REPORT TYPE
[ ] January 15
[X] July 15
[ ] 30th day before election
[ ] 8th day before election
[ ] Runoff
[ ] Exceeded $500 limit
[ ] Dissolution (attach PAC-DR)
[ ] 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year: 01/01/2006 THROUGH Month Day Year: 06/30/2006

11 ELECTION
ELECTION DATE Month Day Year: 11/08/2005
ELECTION TYPE
[ ] Primary [ ] Runoff [X] General [ ] Special

GO TO PAGE 2

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME: Friends of Bill White

ACCOUNT # (Ethics Commission filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)

- [x] SUPPORT (Candidate or Measure)
- [ ] OPPOSE (Candidate or Measure)
- [ ] ASSIST (Officeholder)

- [x] CANDIDATE
- [ ] OFFICEHOLDER
- [ ] MEASURE

CANDIDATE / OFFICEHOLDER NAME: William H. White (Bill White)

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder): Mayor, City of Houston / Mayor, City of Houston

BALLOT IDENTIFICATION / #:

ELECTION DATE (Month Day Year): 11 / 8 / 2005

DESCRIPTION:

14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 175,523.88
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 387.17
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 270,388.56
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1,674,175.61
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

15 AFFIDAVIT

DAWN JUDITH GRISTWOOD
Notary Public, State of Texas
My Commission Expires
October 17, 2007

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.

Matthew Simmons
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew R. Simmons, this the 14th day of July, 2006, to certify which, witness my hand and seal of office.

Judy Gristwood — JUDY GRISTWOOD
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 2/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/01/2006	Saaduddin Ahmed [redacted]	500.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor ☒ out-of-state PAC(ID# 00011114) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/23/2006	American Fed. of State County and Mun. Employees PAC [redacted]	9723.88	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Barbara A. Aviles [redacted]	5000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Antonio Ballesca [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	John Ballis [redacted]	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 3/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/07/2006	Marsha Beeson [redacted]	250.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	David S. Brewer [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2006	Larry Brookshire [redacted]	5000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Rudolph H. Bruhns [redacted]	5000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/07/2006	Christopher A. Campion [redacted]	300.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/06/2006	J. George Carmichael ☐ out-of-state PAC(ID#_____) [redacted]	500.00	
02/13/2006	Joseph A. Cleary Jr. ☐ out-of-state PAC(ID#_____) [redacted]	500.00	
03/06/2006	Debra Galtz Cohen ☐ out-of-state PAC(ID#_____) [redacted]	500.00	
01/05/2006	H. Markley Crosswell III ☐ out-of-state PAC(ID#_____) [redacted]	1500.00	
03/06/2006	Edward J. Cummins Jr. ☐ out-of-state PAC(ID#_____) [redacted]	250.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Revised 11/05/2003

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/06/2006	Lynn E. Davis [redacted]	250.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/07/2006	Frank Dimaria [redacted]	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Al Dugan [redacted]	5000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Suzanne Ebrahimi [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	J. Steve Ford [redacted]	1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/06/2006	Brent Fredricks [redacted]	250.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Robert R. Fretz Jr. [redacted]	5000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Debra L. Friedkin [redacted]	5000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	T. Dan Friedkin [redacted]	5000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/01/2006	[redacted] 102 N. Wynden Estates Ct. [redacted]	1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/06/2006	James E. Furr [redacted]	1000.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/23/2006	Thomas F. Gilbane Jr. [redacted]	2500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/07/2006	Jerome D. Goldstein [redacted]	300.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Jesse G. Gonzalez [redacted]	5000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☒ out-of-state PAC(ID# C00266585) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	GREENBERG TRAURIG LLP PAC [redacted]	1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
03/06/2006	Frank X. Gruen	[redacted]	5000.00			
02/13/2006	Guy L. Hagstette	[redacted]	1000.00			
02/13/2006	David E. Harvey Jr.	[redacted]	5000.00			
02/13/2006	Madison H. Henderson	[redacted]	250.00			
03/06/2006	William D. Henson	[redacted]	1000.00			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 9/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/06/2006	William P. Hobby [redacted]	2000.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/23/2006	Wendell P. Holmes III [redacted]	2500.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Houston Apt. Assn. Better Government Fund [redacted]	500.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/06/2006	Houston Associated General Contractors PAC [redacted]	5000.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/27/2006	Houston Firefighters PAC Houston Firefighters PAC [redacted]	5000.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/06/2006	Tellepsen Builders,L.P. / [redacted]	5000.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Carol G. Howenstine / [redacted]	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/01/2006	Ford Hubbard III / [redacted]	2500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☒ out-of-state PAC(ID# C00040568) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/01/2006	Marathon Oil Company Employees PAC / [redacted]	2500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Richard E. Husmann / [redacted]	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/06/2006	Charles S. Iupe [redacted]	750.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	James Jamail [redacted]	1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Deborah January-Bevers [redacted]	100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/23/2006	Hoover Slovacek LLP [redacted]	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/23/2006	Carl A. Joiner [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/23/2006	Patricia Joiner [redacted]	5000.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Tammie J. Kahn [redacted]	300.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Lee Kaplan [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/09/2006	James D. Kennedy 318 Teal Lane [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Stephen J. Kramer [redacted]	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 13/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/13/2006	Kay Lentz [redacted]	250.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Locke Liddell & Sapp LLP [redacted]	5000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/01/2006	Corinne Maddox [redacted]	100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2006	R. Stan Marek Jr. [redacted]	4000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/07/2006	Markman Associates/DBA Goldmark Properties [redacted]	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/20/2006	Elaine K. Messer [redacted]	2500.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2006	Raymond Messer [redacted]	2500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Jarl W. Molander [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	W.F. Ted Nelson [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Ray B. Nesbitt [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 15/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/27/2006	Glenda G. Owen [redacted]	300.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/23/2006	PageSoutherlandPage [redacted]	5000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/06/2006	Charles M. Penland [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/01/2006	James L. Phillips [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Randle Pollock [redacted]	100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 PAGE # 16/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/01/2006	Laura T. Pontikes [redacted]	5000.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Christus N. Powell Jr. [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	PSI Political Action Committee [redacted]	2500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Jerry H. Pyle [redacted]	5000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/06/2006	Wayne A. Risoli [redacted]	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 PAGE # 17/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/06/2006	G. Grant Roane [redacted]	250.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Michael Robinson [redacted]	1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/01/2006	Thomas H. Robson [redacted]	2500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	J. Dickson Rogers [redacted]	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Karen E. Rogers [redacted]	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 PAGE # 18/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/06/2006	Michael Rose [redacted]	500.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/06/2006	Clive Runnells [redacted]	500.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Saib Saour [redacted]	500.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Paul G. Sirota [redacted]	250.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Marvin Stapper [redacted]	300.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 PAGE # 19/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/06/2006	J. Mark Stevenson [redacted]	250.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Blake Tartt III [redacted]	250.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	R. Carla Thompson [redacted]	5000.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/27/2006	E.W. Torian [redacted]	5000.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Ronald Turboff [redacted]	250.00	Check date is 02/29/06 - ,wont enter.

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Revised 11/05/2003

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 20/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/27/2006	Allen Watson [redacted]	5000.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	Ricardo Weitz [redacted]	1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/06/2006	West & Gooden,P.C. West & Gooden,P.C. [redacted]	1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2006	Larry E. Whaley [redacted]	5000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/13/2006	Kenneth Williams [redacted]	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 21/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/30/2006	Abbott's Computerized Mailing Service 7070 W 43rd #101 Houston TX 77092	167.71

8 Purpose of payment (See instructions regarding type of information required.)
Reimb. Butrum & Assoc./stationery & production

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/10/2006	Acres Home Center for Business & Eco 6112 Wheatley Street Houston TX 77091	1200.00

Purpose of payment (See instructions regarding type of information required.)
Table for event

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/28/2006	Akin Gump Strauss Hauer & Feld,LLP 1111 Louisiana Street,44th Floor Austin TX 77002	2500.00

Purpose of payment (See instructions regarding type of information required.)
Returned contribution

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/15/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	418.79

Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

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.

1 PAGE # 22/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/15/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	48.06

8 Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/28/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	398.17

Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	398.17

Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/15/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	398.17

Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

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.

1 PAGE # 23/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/15/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	187.16

8 Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/28/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	50.01

Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/25/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	35.56

Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/07/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	33.88

Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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1 PAGE # 24/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/30/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	46.11

8 Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/28/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	46.11

Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/31/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	410.79

Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/31/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	51.96

Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/28/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	151.01

8 Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/09/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	32.00

Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/15/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	48.06

Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/15/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	372.13

Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
01/13/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	171.79

8 Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/14/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	399.12

Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/15/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	48.06

Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/14/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	54.13

Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/30/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	372.12

8 Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/31/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	50.01

Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/09/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	1410.15

Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/28/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	48.06

Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

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POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/28/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	372.12

8 Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/31/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	398.17

Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/31/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	51.96

Purpose of payment (See instructions regarding type of information required.)
Payroll services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/15/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	372.12

Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

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POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/31/2006	Alliance Payroll Service,Inc. 12707 North Freeway Suite 320 Houston TX 77060	372.11

8 Purpose of payment (See instructions regarding type of information required.)
Payroll taxes

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	American Communication Services,Inc. 55 Lyerly,Suite 110 Houston TX 77022	190.00

Purpose of payment (See instructions regarding type of information required.)
Telephones

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/06/2006	Ann Boor P.O. Box 441383 Houston TX 77244-1383	1300.00

Purpose of payment (See instructions regarding type of information required.)
Speech Writing

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/25/2006	Apple 5085 Westheimer Road Galleria II Houston TX 77057	2813.42

Purpose of payment (See instructions regarding type of information required.)
Reimb. S. Zook for laptop

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
01/13/2006	Articulated Man Inc. 1508 W. Sunnyside Avenue Chicago IL 60640	5735.00

8 Purpose of payment (See instructions regarding type of information required.)
Website expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/30/2006	Articulated Man,Inc. 1508 W. Sunnyside Ave. Chicago IL 60640	140.00

Purpose of payment (See instructions regarding type of information required.)
Website expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/08/2006	Articulated Man,Inc. 1508 W. Sunnyside Ave. Chicago IL 60640	35.00

Purpose of payment (See instructions regarding type of information required.)
Website expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/01/2006	AT&T 555 Main Street,Room 228-CR Beaumont TX 77701	148.74

Purpose of payment (See instructions regarding type of information required.)
Telephone expense

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/09/2006	Avalon Stationery 2604 Westheimer Houston TX 77098	65.14

8 Purpose of payment (See instructions regarding type of information required.)
Reimb. to Franci Crane - stationery

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	Avalon Stationery 2604 Westheimer Houston TX 77098	224.08

Purpose of payment (See instructions regarding type of information required.)
Reimb. to Franci Crane - stationery

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/26/2006	Avalon Stationery 2604 Westheimer Houston TX 77098	38.97

Purpose of payment (See instructions regarding type of information required.)
Reimb. to Franci Crane - stationery

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2006	Avalon Stationery 2604 Westheimer Houston TX 77098	51.96

Purpose of payment (See instructions regarding type of information required.)
Reimb. to Franci Crane for stationery

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/21/2006	Avalon Stationery 2604 Westheimer Houston TX 77098	30.31

8 Purpose of payment (See instructions regarding type of information required.)
Reimb. to Franci Crane - invitations

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/20/2006	Avalon Stationery 2604 Westheimer Houston TX 77098	20.57

Purpose of payment (See instructions regarding type of information required.)
Reimb. to Franci Crane for invitations

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/19/2006	Avalon Stationery 2604 Westheimer Houston TX 77098	98.51

Purpose of payment (See instructions regarding type of information required.)
Reimb. to Franci Crane for invitations

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/19/2006	Bacon's Multivision,Inc. 6300 Richmond Avenue,Suite 204 Houston TX 77057	32.48

Purpose of payment (See instructions regarding type of information required.)
Cable and television clips

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/19/2006	Bacon's Multivision,Inc. 6300 Richmond Avenue,Suite 204 Houston TX 77057	10000.01

8 Purpose of payment (See instructions regarding type of information required.)
Cable and television clips

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/19/2006	Bacon's Multivision,Inc. 6300 Richmond Avenue,Suite 204 Houston TX 77057	113.66

Purpose of payment (See instructions regarding type of information required.)
Radio clip purchase

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/19/2006	Baseline Apex Imaging 5615 Richmond Avenue,Suite 165 Houston TX 77057	642.80

Purpose of payment (See instructions regarding type of information required.)
Toner for printer

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/28/2006	Baseline Apex Imaging 5615 Richmond Avenue,Suite 165 Houston TX 77057	129.95

Purpose of payment (See instructions regarding type of information required.)
Toner for printer

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/13/2006	Baseline Apex Imaging 5615 Richmond Avenue,Suite 165 Houston TX 77057	315.90

8 Purpose of payment (See instructions regarding type of information required.)
Printer maintenance

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/01/2006	Baseline Apex Imaging 5615 Richmond Avenue,Suite 165 Houston TX 77057	75.00

Purpose of payment (See instructions regarding type of information required.)
Printer set-up

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/20/2006	Baseline Apex Imaging 5615 Richmond Avenue,Suite 165 Houston TX 77057	799.00

Purpose of payment (See instructions regarding type of information required.)
Printer

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/21/2006	Bering's Hardware 6102 Westheimer Houston TX 77057	73.61

Purpose of payment (See instructions regarding type of information required.)
Reimb. to Patsi Ferguson for stationery

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/14/2006	Bette John 15599 Memorial Houston TX 77079	135.00

8 Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/31/2006	Bette John 15599 Memorial Houston TX 77079	317.25

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/28/2006	Bette John 15599 Memorial Houston TX 77079	486.00

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/31/2006	Bette John 15599 Memorial Houston TX 77079	418.50

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/07/2006	Blakely & Wakefield,LLP 6363 Woodway Houston TX 77057	9510.00

8 Purpose of payment (See instructions regarding type of information required.)
Accounting services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2006	Blakely & Wakefield,LLP 6363 Woodway Houston TX 77057	665.00

Purpose of payment (See instructions regarding type of information required.)
Accounting services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2006	Blakely & Wakefield,LLP 6363 Woodway Houston TX 77057	1135.00

Purpose of payment (See instructions regarding type of information required.)
Accounting services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	Blue Cross Blue Shield 901 S. Central Expressway Richardson TX 75080	573.30

Purpose of payment (See instructions regarding type of information required.)
Health insurance for P. Rosenauer

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/30/2006	Blue Cross Blue Shield 901 S. Central Expressway Richardson TX 75080	1402.80

8 Purpose of payment (See instructions regarding type of information required.)
Health insurance for P. Rosenauer

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/22/2006	Blue Cross Blue Shield 901 S. Central Expressway Richardson TX 75080	1064.10

Purpose of payment (See instructions regarding type of information required.)
Health insurance for P. Rosenauer

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/13/2006	Brandon Sanchez 16007 Biscayne Shoals Friendswood TX 77546	192.00

Purpose of payment (See instructions regarding type of information required.)
Moving expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/15/2006	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	77.00

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/31/2006	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	44.00

8 Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/31/2006	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	440.00

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/28/2006	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	82.50

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/15/2006	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	38.50

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) --

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
01/31/2006	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	93.50

8 Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	220.00

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/15/2006	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	242.00

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/14/2006	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	253.00

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/28/2006	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	71.50

8 Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/31/2006	Butrum & Associates 109 N. Post Oak Lane #350 Houston TX 77024	7500.00

Purpose of payment (See instructions regarding type of information required.)
Consulting

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/15/2006	Butrum & Associates 109 N. Post Oak Lane #350 Houston TX 77024	7500.00

Purpose of payment (See instructions regarding type of information required.)
Consulting

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/31/2006	Butrum & Associates 109 N. Post Oak Lane #350 Houston TX 77024	7500.00

Purpose of payment (See instructions regarding type of information required.)
Consulting

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/30/2006	Butrum & Associates 109 N. Post Oak Lane #350 Houston TX 77024	396.44

8 Purpose of payment (See instructions regarding type of information required.)
Copies (in-house)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/31/2006	Butrum & Associates 109 N. Post Oak Lane #350 Houston TX 77024	7500.00

Purpose of payment (See instructions regarding type of information required.)
Consulting

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	Butrum & Associates 109 N. Post Oak Lane #350 Houston TX 77024	15000.00

Purpose of payment (See instructions regarding type of information required.)
Consulting

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/07/2006	Butrum & Associates 109 N. Post Oak Lane #350 Houston TX 77024	7500.00

Purpose of payment (See instructions regarding type of information required.)
Consulting

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/28/2006	Car Toys 2650 Highway 6 South Houston TX 77082	434.99

8 Purpose of payment (See instructions regarding type of information required.)
Navigator

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/20/2006	Cingular Wireless P.O. Box 6444 Carol Stream IL 60197-6444	284.57

Purpose of payment (See instructions regarding type of information required.)
Cell phone expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/24/2006	Darryl Murchison Design LLC 2401 Nicholson Houston TX 77008	91.47

Purpose of payment (See instructions regarding type of information required.)
Reimb. PageSoutherlandPage LLP/linens

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/22/2006	Democracyinaction.com 1700 Connecticut Avenue,Suite 402 Washington DC 20009	650.00

Purpose of payment (See instructions regarding type of information required.)
On-line expense

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/19/2006	Edward M. Shack 814 San Jacinto Blvd. Suite 202 Austin TX 78701	180.00

8 Purpose of payment (See instructions regarding type of information required.)
Compliance

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/13/2006	Edward M. Shack 814 San Jacinto Blvd. Suite 202 Austin TX 78701	240.00

Purpose of payment (See instructions regarding type of information required.)
Compliance

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2006	Edward M. Shack 814 San Jacinto Blvd. Suite 202 Austin TX 78701	630.00

Purpose of payment (See instructions regarding type of information required.)
Compliance

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	Edward M. Shack 814 San Jacinto Blvd. Suite 202 Austin TX 78701	1170.00

Purpose of payment (See instructions regarding type of information required.)
Compliance

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) --

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/13/2006	Edward M. Shack 814 San Jacinto Blvd. Suite 202 Austin TX 78701	480.00

8 Purpose of payment (See instructions regarding type of information required.)
Compliance

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/15/2006	Edward M. Shack 814 San Jacinto Blvd. Suite 202 Austin TX 78701	90.00

Purpose of payment (See instructions regarding type of information required.)
Compliance

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	Events 1966 West Gray Houston TX 77019	135.26

Purpose of payment (See instructions regarding type of information required.)
Reimb. to Franci Crane for ribbon

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/24/2006	Fairbank,Maslin,Maullin & Associates 2425 Colorado Avenue,Suite 180 Santa Monica CA 90404	26000.00

Purpose of payment (See instructions regarding type of information required.)
Survey

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

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.

1 PAGE # 45/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/13/2006	Forward Times 4411 Almeda Rd. Houston TX 77004	2000.00

8 Purpose of payment (See instructions regarding type of information required.)
Advertisement

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/13/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	131.62

Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/19/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	168.40

Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/30/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	128.68

Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 46/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/16/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	105.81

8 Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/13/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	135.99

Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/29/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	15.50

Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/04/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	15.12

Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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1 PAGE # 47/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/09/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	132.74

8 Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/29/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	12.91

Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/15/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	197.46

Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/29/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	113.65

Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/29/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	16.50

8 Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/04/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	138.80

Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/07/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	99.91

Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/24/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	48.28

Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
01/20/2006	Hot Shot Messenger Service,Inc. P.O. Box 701189 Houston TX 77270-1189	36.90

8 Purpose of payment (See instructions regarding type of information required.)
Delivery services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/10/2006	Houston Defender 3003 South Loop W # 320 Houston TX 77054	990.00

Purpose of payment (See instructions regarding type of information required.)
Advertisement

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/13/2006	Houston Defender 3003 South Loop W # 320 Houston TX 77054	900.00

Purpose of payment (See instructions regarding type of information required.)
Advertisement

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/10/2006	Houston Livestock Show and Rodeo P.O. Box 20070 Houston TX 77225-0070	700.00

Purpose of payment (See instructions regarding type of information required.)
Advertisement

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/13/2006	Houston Style Magazine 2646 S. Loop West,Suite 270 Houston TX 77054	1300.00

8 Purpose of payment (See instructions regarding type of information required.)
Advertisement

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/20/2006	Information Development,Inc. 2190 N. Loop West #450 Houston TX 77018	925.00

Purpose of payment (See instructions regarding type of information required.)
Website programming

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/03/2006	Intuit P.O. Box 34328 Seattle WA 98124	467.06

Purpose of payment (See instructions regarding type of information required.)
Annual Quickbooks Online Fee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/03/2006	Intuit P.O. Box 34328 Seattle WA 98124	240.03

Purpose of payment (See instructions regarding type of information required.)
Tax forms and envelopes

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/15/2006	Intuit P.O. Box 34328 Seattle WA 98124	326.18

8 Purpose of payment (See instructions regarding type of information required.)
Annual Quickbooks Online Fee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/14/2006	Intuit P.O. Box 34328 Seattle WA 98124	30.20

Purpose of payment (See instructions regarding type of information required.)
Reimb. S. Zook - quickbooks online fee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/14/2006	Intuit P.O. Box 34328 Seattle WA 98124	30.20

Purpose of payment (See instructions regarding type of information required.)
Reimb. S. Zook - quickbooks online fee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/03/2006	Intuit P.O. Box 34328 Seattle WA 98124	43.25

Purpose of payment (See instructions regarding type of information required.)
Reimb. S. Zook - quickbooks online fee

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/14/2006	Joey Stelly 1210 Melford Houston TX 77077	45.00

8 Purpose of payment (See instructions regarding type of information required.)
Mileage expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/14/2006	Joey Stelly 1210 Melford Houston TX 77077	84.00

Purpose of payment (See instructions regarding type of information required.)
Moving expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/05/2006	John L. Wortham & Son,L.P. P.O. Box 1388 Houston TX 77251-1388	71.00

Purpose of payment (See instructions regarding type of information required.)
Bond and permit fee for P. Rosenauer

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/13/2006	Kinkos 5616 Westheimer Houston TX 77056	43.30

Purpose of payment (See instructions regarding type of information required.)
Reimb. to P. Rosenauer - sign expense

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/21/2006	Kinkos 5616 Westheimer Houston TX 77056	72.10

8 Purpose of payment (See instructions regarding type of information required.)
Reimb. to P. Rosenauer for printing

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/28/2006	Kiwanis Club of Houston 10600 Northwest Freeway Houston TX 77092	1000.00

Purpose of payment (See instructions regarding type of information required.)
Membership Dues for Mayor White

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/27/2006	La Madeleine 4700 Beechnut Houston TX 77096	80.85

Purpose of payment (See instructions regarding type of information required.)
Food for We're All Neighbors event

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/13/2006	Mark Carswell 5303 Shady Oaks Friendswood TX 77546	360.00

Purpose of payment (See instructions regarding type of information required.)
Moving expense

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

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.

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/13/2006	Mark Carswell 5303 Shady Oaks Friendswood TX 77546	18.00

8 Purpose of payment (See instructions regarding type of information required.)
Mileage expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	MedQuist P.O. Box 10832 Newark NJ 07193-0832	135.77

Purpose of payment (See instructions regarding type of information required.)
Dictaphone repair

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/15/2006	MedQuist P.O. Box 10832 Newark NJ 07193-0832	134.29

Purpose of payment (See instructions regarding type of information required.)
Dictaphone repair

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2006	MedQuist P.O. Box 10832 Newark NJ 07193-0832	101.76

Purpose of payment (See instructions regarding type of information required.)
Dictaphone repair

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

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1 PAGE # 55/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/29/2006	MedQuist P.O. Box 10832 Newark NJ 07193-0832	101.76

8 Purpose of payment (See instructions regarding type of information required.)
Dictaphone repair

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/14/2006	Mike Shaw 10418 East Summit Canyon Drive Houston TX 77095	45.00

Purpose of payment (See instructions regarding type of information required.)
Mileage expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/14/2006	Mike Shaw 10418 East Summit Canyon Drive Houston TX 77095	144.00

Purpose of payment (See instructions regarding type of information required.)
Moving expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/10/2006	Nancy Moore 2705 Talbott St. Houston TX 77005-3951	500.00

Purpose of payment (See instructions regarding type of information required.)
Returned contribution

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

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/13/2006	Neil Biswas 3215 Shadywind Houston TX 77082	240.00

8 Purpose of payment (See instructions regarding type of information required.)
Moving expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/24/2006	New Century Sound 7026 Old Katy Rd Ste 218 Houston TX 77024	735.00

Purpose of payment (See instructions regarding type of information required.)
Radio spot

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/30/2006	NGP Software,Inc. 1101 Vermont Avenue,NW,Suite 710 Washington DC 20005	450.00

Purpose of payment (See instructions regarding type of information required.)
Database expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/24/2006	NGP Software,Inc. 1101 Vermont Avenue,NW,Suite 710 Washington DC 20005	2800.00

Purpose of payment (See instructions regarding type of information required.)
Database expense

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/28/2006	NGP Software,Inc. 1101 Vermont Avenue,NW,Suite 710 Washington DC 20005	1000.00

8 Purpose of payment (See instructions regarding type of information required.)
Database expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/13/2006	Octia Corporation 3900 Essex Lane Houston TX 77027-5111	595.38

Purpose of payment (See instructions regarding type of information required.)
Computer services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/13/2006	Octia Corporation 3900 Essex Lane Houston TX 77027-5111	40.59

Purpose of payment (See instructions regarding type of information required.)
Computer services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/10/2006	Octia Corporation 3900 Essex Lane Houston TX 77027-5111	246.27

Purpose of payment (See instructions regarding type of information required.)
Computer services

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/15/2006	Octia Corporation 3900 Essex Lane Houston TX 77027-5111	67.66

8 Purpose of payment (See instructions regarding type of information required.)
Computer service

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/10/2006	Octia Corporation 3900 Essex Lane Houston TX 77027-5111	6923.67

Purpose of payment (See instructions regarding type of information required.)
Computer services

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/24/2006	Octia Corporation 3900 Essex Lane Houston TX 77027-5111	472.24

Purpose of payment (See instructions regarding type of information required.)
Computer service

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/24/2006	Outreach Strategists,LLC 909 Texas,Suite 1218 Houston TX 77002	15000.00

Purpose of payment (See instructions regarding type of information required.)
Consulting

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/28/2006	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1063.21

8 Purpose of payment (See instructions regarding type of information required.)
Payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1083.83

Purpose of payment (See instructions regarding type of information required.)
Payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/30/2006	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1063.21

Purpose of payment (See instructions regarding type of information required.)
Payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/31/2006	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1083.83

Purpose of payment (See instructions regarding type of information required.)
Payroll

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/15/2006	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1063.21

8 Purpose of payment (See instructions regarding type of information required.)
Payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/31/2006	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1063.22

Purpose of payment (See instructions regarding type of information required.)
Payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/15/2006	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1083.83

Purpose of payment (See instructions regarding type of information required.)
Payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/14/2006	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1063.21

Purpose of payment (See instructions regarding type of information required.)
Payroll

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/15/2006	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1063.21

8 Purpose of payment (See instructions regarding type of information required.)
Payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/28/2006	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1083.83

Purpose of payment (See instructions regarding type of information required.)
Payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/31/2006	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1063.21

Purpose of payment (See instructions regarding type of information required.)
Payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/15/2006	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1063.20

Purpose of payment (See instructions regarding type of information required.)
Payroll

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

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/13/2006	Patrick Tyczynski 1210 Melford Houston TX 77077	153.00

8 Purpose of payment (See instructions regarding type of information required.)
Reimbursement for mileage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/13/2006	Patrick Tyczynski 1210 Melford Houston TX 77077	600.00

Purpose of payment (See instructions regarding type of information required.)
Moving expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/05/2006	Paymentech P.O. Box 6600 Hagerstown MD 21741-6600	27.50

Purpose of payment (See instructions regarding type of information required.)
Credit card fee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/03/2006	Paymentech P.O. Box 6600 Hagerstown MD 21741-6600	27.50

Purpose of payment (See instructions regarding type of information required.)
Credit card fee

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/04/2006	Paymentech P.O. Box 6600 Hagerstown MD 21741-6600	27.50

8 Purpose of payment (See instructions regarding type of information required.)
Credit card fee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/03/2006	Paymentech P.O. Box 6600 Hagerstown MD 21741-6600	27.50

Purpose of payment (See instructions regarding type of information required.)
Credit card fee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/04/2006	Paymentech P.O. Box 6600 Hagerstown MD 21741-6600	27.50

Purpose of payment (See instructions regarding type of information required.)
Credit card fee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/03/2006	Paymentech P.O. Box 6600 Hagerstown MD 21741-6600	27.50

Purpose of payment (See instructions regarding type of information required.)
Credit card fee

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/21/2006	Pier One 2411 Post Oak Houston TX 77057	54.13

8 Purpose of payment (See instructions regarding type of information required.)
Reimb. to Franci Crane for photo holders

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/07/2006	Private Mini Storage 8206 Broadway #102 Pearland TX 77584	148.76

Purpose of payment (See instructions regarding type of information required.)
Reimb. to S. Haley - furniture storage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/03/2006	Quanah Productions,Inc. 3102 Heatherglen Montgomery TX 77356	960.00

Purpose of payment (See instructions regarding type of information required.)
Photography for event

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/02/2006	Quanah Productions,Inc. 3102 Heatherglen Montgomery TX 77356	1570.00

Purpose of payment (See instructions regarding type of information required.)
Photography for event

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
01/13/2006	R&R Staging,Inc. P.O. Box 70687 Houston TX 77270	144.00

8 Purpose of payment (See instructions regarding type of information required.)
Staging

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/13/2006	Rabie Elsaadi 15502 Edenvale Friendswood TX 77546	132.00

Purpose of payment (See instructions regarding type of information required.)
Moving expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/21/2006	Randall's Food Market 5161 San Felipe Houston TX 77057	46.41

Purpose of payment (See instructions regarding type of information required.)
Reimb. to P. Rosenauer - flowers

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/13/2006	Randall's Food Market 5161 San Felipe Houston TX 77057	80.37

Purpose of payment (See instructions regarding type of information required.)
Reimb. P. Rosenauer for snacks for event

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/01/2006	Rice University P.O. Box 1892 Houston TX 77251	150.00

8 Purpose of payment (See instructions regarding type of information required.)
Musicians for event

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/17/2006	SBC P.O. Box 650661 Dallas TX 75265-0661	120.94

Purpose of payment (See instructions regarding type of information required.)
Telephones

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/31/2006	SBC P.O. Box 650661 Dallas TX 75265-0661	151.59

Purpose of payment (See instructions regarding type of information required.)
Telephones: City Hall

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/31/2006	SBC P.O. Box 650661 Dallas TX 75265-0661	151.64

Purpose of payment (See instructions regarding type of information required.)
Telephones: City Hall

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

POLITICAL EXPENDITURES

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
01/05/2006	SBC P.O. Box 650661 Dallas TX 75265-0661	368.20

8 Purpose of payment (See instructions regarding type of information required.)
Telephones

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/02/2006	SBC P.O. Box 650661 Dallas TX 75265-0661	151.62

Purpose of payment (See instructions regarding type of information required.)
Telephones: City Hall

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/30/2006	SBC P.O. Box 650661 Dallas TX 75265-0661	160.17

Purpose of payment (See instructions regarding type of information required.)
Telephones

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/14/2006	SBC P.O. Box 650661 Dallas TX 75265-0661	665.04

Purpose of payment (See instructions regarding type of information required.)
Telephones

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
01/20/2006	Shurgard Storage 1419 West Gray Houston TX 77019	220.79

8 Purpose of payment (See instructions regarding type of information required.)
Storage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/19/2006	Shurgard Storage 1419 West Gray Houston TX 77019	108.00

Purpose of payment (See instructions regarding type of information required.)
Storage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/20/2006	Shurgard Storage 1419 West Gray Houston TX 77019	220.79

Purpose of payment (See instructions regarding type of information required.)
Storage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/20/2006	Shurgard Storage 1419 West Gray Houston TX 77019	421.96

Purpose of payment (See instructions regarding type of information required.)
Storage

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/19/2006	Shurgard Storage 1419 West Gray Houston TX 77019	126.00

8 Purpose of payment (See instructions regarding type of information required.)
Storage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/11/2006	Shurgard Storage 1419 West Gray Houston TX 77019	1456.00

Purpose of payment (See instructions regarding type of information required.)
Storage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/20/2006	Shurgard Storage 1419 West Gray Houston TX 77019	624.00

Purpose of payment (See instructions regarding type of information required.)
Storage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/20/2006	Shurgard Storage 1419 West Gray Houston TX 77019	220.79

Purpose of payment (See instructions regarding type of information required.)
Storage

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
01/20/2006	Shurgard Storage 1419 West Gray Houston TX 77019	220.79

8 Purpose of payment (See instructions regarding type of information required.)
Storage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/20/2006	Shurgard Storage 1419 West Gray Houston TX 77019	220.79

Purpose of payment (See instructions regarding type of information required.)
Storage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/11/2006	Shurgard Storage 1419 West Gray Houston TX 77019	1545.53

Purpose of payment (See instructions regarding type of information required.)
Storage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/20/2006	Signature Media Solutions,Ltd. 3300 Kingswood Houston TX 77092	297.69

Purpose of payment (See instructions regarding type of information required.)
Media production

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/15/2006	Smyser,Kaplan & Veselka,LLP 700 Louisiana Suite 2300 Houston TX 77002	175.86

8 Purpose of payment (See instructions regarding type of information required.)
Legal expenses

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/28/2006	Smyser,Kaplan & Veselka,LLP 700 Louisiana Suite 2300 Houston TX 77002	3080.50

Purpose of payment (See instructions regarding type of information required.)
Legal fees

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/22/2006	Smyser,Kaplan & Veselka,LLP 700 Louisiana Suite 2300 Houston TX 77002	2.88

Purpose of payment (See instructions regarding type of information required.)
Legal expenses

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/28/2006	Smyser,Kaplan & Veselka,LLP 700 Louisiana Suite 2300 Houston TX 77002	70.25

Purpose of payment (See instructions regarding type of information required.)
Legal expenses

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/15/2006	Smyser,Kaplan & Veselka,LLP 700 Louisiana Suite 2300 Houston TX 77002	4698.50

8 Purpose of payment (See instructions regarding type of information required.)
Legal fees

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/03/2006	Smyser,Kaplan & Veselka,LLP 700 Louisiana Suite 2300 Houston TX 77002	274.97

Purpose of payment (See instructions regarding type of information required.)
Legal expenses

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/26/2006	Smyser,Kaplan & Veselka,LLP 700 Louisiana Suite 2300 Houston TX 77002	349.32

Purpose of payment (See instructions regarding type of information required.)
Legal fees

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/22/2006	Smyser,Kaplan & Veselka,LLP 700 Louisiana Suite 2300 Houston TX 77002	877.00

Purpose of payment (See instructions regarding type of information required.)
Legal fees

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/03/2006	Smyser,Kaplan & Veselka,LLP 700 Louisiana Suite 2300 Houston TX 77002	13061.00

8 Purpose of payment (See instructions regarding type of information required.)
Legal fees

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/24/2006	Spec's Liquor 2410 Smith Street Houston TX 77006	832.36

Purpose of payment (See instructions regarding type of information required.)
Reimb. PageSoutherlandPage LLP/beverages

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/15/2006	Susybelle Zook 1602 McDonald Houston TX 77007	562.50

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	Susybelle Zook 1602 McDonald Houston TX 77007	1200.63

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
01/31/2006	Susybelle Zook 1602 McDonald Houston TX 77007	2000.00

8 Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/15/2006	Susybelle Zook 1602 McDonald Houston TX 77007	1000.00

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/28/2006	Susybelle Zook 1602 McDonald Houston TX 77007	1200.00

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/31/2006	Susybelle Zook 1602 McDonald Houston TX 77007	642.50

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/14/2006	Susybelle Zook 1602 McDonald Houston TX 77007	837.50

8 Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/15/2006	Susybelle Zook 1602 McDonald Houston TX 77007	725.00

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/31/2006	Susybelle Zook 1602 McDonald Houston TX 77007	787.50

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/15/2006	Susybelle Zook 1602 McDonald Houston TX 77007	525.00

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/30/2006	Susybelle Zook 1602 McDonald Houston TX 77007	825.00

8 Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/28/2006	Susybelle Zook 1602 McDonald Houston TX 77007	925.00

Purpose of payment (See instructions regarding type of information required.)
Contract payroll

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2006	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	87.61

Purpose of payment (See instructions regarding type of information required.)
Supplies

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/26/2006	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	80.38

Purpose of payment (See instructions regarding type of information required.)
Supplies

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

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.

1 PAGE # 77/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/09/2006	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	40.32

8 Purpose of payment (See instructions regarding type of information required.)
Supplies

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/21/2006	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	62.16

Purpose of payment (See instructions regarding type of information required.)
Supplies

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/04/2006	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	58.24

Purpose of payment (See instructions regarding type of information required.)
Supplies

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/20/2006	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	71.42

Purpose of payment (See instructions regarding type of information required.)
Supplies

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

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.

1 PAGE # 78/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/22/2006	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	71.43

8 Purpose of payment (See instructions regarding type of information required.)
Supplies

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/01/2006	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	37.83

Purpose of payment (See instructions regarding type of information required.)
Supplies

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/24/2006	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	18.13

Purpose of payment (See instructions regarding type of information required.)
Supplies

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/04/2006	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	13.21

Purpose of payment (See instructions regarding type of information required.)
Supplies

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 79/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/03/2006	The Ammerman Experience 4800 Sugar Grove Blvd. Suite 400 Stafford TX 77477	300.00

8 Purpose of payment (See instructions regarding type of information required.)
Media training

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/09/2006	The Houston Hospice 8811 Gaylord Suite 100 Houston TX 77024-2923	100.00

Purpose of payment (See instructions regarding type of information required.)
Memorial gift/contribution

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/13/2006	Trophies Etc. 9220 McCollum Pk. Rd. Baytown TX 77520	2433.90

Purpose of payment (See instructions regarding type of information required.)
Hurricane Rita Pictures

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	Ttweak 4904 Travis Street Houston TX 77002	1955.00

Purpose of payment (See instructions regarding type of information required.)
Invitations

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

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.

1 PAGE # 80/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/20/2006	U.S. Postmaster 315 Addicks Houston TX 77079	50.00

8 Purpose of payment (See instructions regarding type of information required.)
Postage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/24/2006	U.S. Postmaster 315 Addicks Houston TX 77079	232.00

Purpose of payment (See instructions regarding type of information required.)
Postage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/20/2006	U.S. Postmaster 315 Addicks Houston TX 77079	368.00

Purpose of payment (See instructions regarding type of information required.)
Post office box fee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/02/2006	U.S. Postmaster 315 Addicks Houston TX 77079	312.00

Purpose of payment (See instructions regarding type of information required.)
Postage

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

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.

1 PAGE # 81/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
06/19/2006	U.S. Postmaster 315 Addicks Houston TX 77079	227.37

8 Purpose of payment (See instructions regarding type of information required.)
Postage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/22/2006	U.S. Postmaster 315 Addicks Houston TX 77079	200.00

Purpose of payment (See instructions regarding type of information required.)
Postage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
01/13/2006	U.S. Postmaster 315 Addicks Houston TX 77079	50.00

Purpose of payment (See instructions regarding type of information required.)
Reimb. to P. Rosenauer for postage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
05/24/2006	U.S. Treasury Ogden UT 84201	3465.00

Purpose of payment (See instructions regarding type of information required.)
Taxes

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

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.

1 PAGE # 82/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/13/2006	Verizon Wireless P.O. Box 105378 Atlanta GA 30348	248.11

8 Purpose of payment (See instructions regarding type of information required.)
Reimb. Butrum & Associates - phone exp.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02/01/2006	Verizon Wireless P.O. Box 105378 Atlanta GA 30348	435.12

Purpose of payment (See instructions regarding type of information required.)
Reimb. Butrum & Associates - phone exp.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/30/2006	Verizon Wireless P.O. Box 105378 Atlanta GA 30348	403.66

Purpose of payment (See instructions regarding type of information required.)
Reimb. Butrum & Associates - phone exp.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
06/26/2006	Wal Mart 1928 N. Main Street Pearland TX 77581	101.92

Purpose of payment (See instructions regarding type of information required.)
Reimb. To S. Haley - Moving supplies

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

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.

1 PAGE # 83/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
05/22/2006	Wal Mart 9555 S. Post Oak Houston TX 77096	65.96

8 Purpose of payment (See instructions regarding type of information required.)
Reimb. to P. Rosenauer for supplies

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 84/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
05/05/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	2199.74

8 Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./rent

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/01/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	42.88

Purpose of payment (See instructions regarding type of information required.)
Filter Fresh/coffee Service

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	66.66

Purpose of payment (See instructions regarding type of information required.)
Bette John/bookkeeping

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
01/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	2199.98

Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./rent

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 85/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
01/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	333.34

8 Purpose of payment (See instructions regarding type of information required.)
Bette John/bookkeeping

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/28/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	25.00

Purpose of payment (See instructions regarding type of information required.)
Alliance Payroll Service/payroll processing

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
04/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	166.66

Purpose of payment (See instructions regarding type of information required.)
Bette John/bookkeeping

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/05/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	57.03

Purpose of payment (See instructions regarding type of information required.)
SBC/internet services

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 86/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
02/28/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	137.63

8 Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./est. exp. Recovery

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/05/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	103.32

Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./estimated expense recovery

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	28.90

Purpose of payment (See instructions regarding type of information required.)
Tejas Office Products,Inc./supplies

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/05/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	166.66

Purpose of payment (See instructions regarding type of information required.)
Bette John/bookkeeping

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 87/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
04/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	410.59

8 Purpose of payment (See instructions regarding type of information required.)
SBC/telephones

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
04/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	137.63

Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./est. exp. Receiving

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
04/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	2288.00

Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./rent

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/28/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	56.56

Purpose of payment (See instructions regarding type of information required.)
Baseline Apex Imaging/copy machine repair

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 88/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
02/01/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	2288.00

8 Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P/Rent

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	57.03

Purpose of payment (See instructions regarding type of information required.)
SBC/internet services

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/05/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	11.57

Purpose of payment (See instructions regarding type of information required.)
Ozarka/water

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	69.94

Purpose of payment (See instructions regarding type of information required.)
SBC/long distance

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 89/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	56.56

8 Purpose of payment (See instructions regarding type of information required.)
Ikon/copy machine maintenance

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	324.77

Purpose of payment (See instructions regarding type of information required.)
SBC/telephones

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	16.67

Purpose of payment (See instructions regarding type of information required.)
Ozarka/water

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	25.00

Purpose of payment (See instructions regarding type of information required.)
Alliance Payroll Service/proc. charges

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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1 PAGE # 90/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	2199.74

8 Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./rent

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	129.90

Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./parking

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	103.32

Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./est. exp. Recovery

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
01/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	35.07

Purpose of payment (See instructions regarding type of information required.)
The Redstone Buillding L.P./parking

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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1 PAGE # 91/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	5.64

8 Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./light bulbs

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/01/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	405.98

Purpose of payment (See instructions regarding type of information required.)
SBC/telephone service

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
01/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	8.64

Purpose of payment (See instructions regarding type of information required.)
Ozarka/water

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
01/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	25.00

Purpose of payment (See instructions regarding type of information required.)
Alliance Payroll Service/payroll service

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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1 PAGE # 92/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
01/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	137.63

8 Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./est. exp. Recovery

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
01/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	181.33

Purpose of payment (See instructions regarding type of information required.)
Baseline Apex Imaging/printer maintenance

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
01/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	133.30

Purpose of payment (See instructions regarding type of information required.)
Baseline Apex Imaging/toner

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
01/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	129.90

Purpose of payment (See instructions regarding type of information required.)
The Redstone Building/parking

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 93/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
01/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	432.57

8 Purpose of payment (See instructions regarding type of information required.)
SBC/telephone services

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/22/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	350.00

Purpose of payment (See instructions regarding type of information required.)
Blakely & Wakefield LLP/tax preparation

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	57.03

Purpose of payment (See instructions regarding type of information required.)
SBC/internet services

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/05/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	25.33

Purpose of payment (See instructions regarding type of information required.)
Tejas Office Products/supplies

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

Texas Ethics Commission P.O.Box 12070 - Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 94/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	324.77

8 Purpose of payment (See instructions regarding type of information required.)
SBC/June services

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	12.45

Purpose of payment (See instructions regarding type of information required.)
Tejas Office Products/cups

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	37.38

Purpose of payment (See instructions regarding type of information required.)
Filter Fresh/coffee supplies

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	22.55

Purpose of payment (See instructions regarding type of information required.)
Filter Fresh/coffee supplies

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 95/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	23.33

8 Purpose of payment (See instructions regarding type of information required.)
Patrick Tyczynski/straighten supply room

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	22.55

Purpose of payment (See instructions regarding type of information required.)
Octia Corporation/computer services

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/05/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	394.71

Purpose of payment (See instructions regarding type of information required.)
SBC/telephone service

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	35.30

Purpose of payment (See instructions regarding type of information required.)
Filter Fresh/coffee supplies

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 96/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
05/05/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	129.90

8 Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./parking

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	14.50

Purpose of payment (See instructions regarding type of information required.)
Ozarka/water

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	103.32

Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./est. exp. Recovery

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	129.90

Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./parking

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 97/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	2199.74

8 Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./rent

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	25.00

Purpose of payment (See instructions regarding type of information required.)
Alliance Payroll Service/payroll service

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	66.67

Purpose of payment (See instructions regarding type of information required.)
Bette John/bookkeeping

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	66.67

Purpose of payment (See instructions regarding type of information required.)
Bette John/bookkeeping

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 98/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	18.69

8 Purpose of payment (See instructions regarding type of information required.)
Office Max/supplies

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/28/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	337.33

Purpose of payment (See instructions regarding type of information required.)
John Wortham Ins./liability & auto ins.

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/01/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	5.05

Purpose of payment (See instructions regarding type of information required.)
Ozarka/water

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/01/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	137.63

Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./est. exp. Recovery

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 99/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
02/01/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	129.90

8 Purpose of payment (See instructions regarding type of information required.)
The Redstone Buillding L.P./parking

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/01/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	25.00

Purpose of payment (See instructions regarding type of information required.)
Alliance Payroll Service/payroll proc.

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
04/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	25.00

Purpose of payment (See instructions regarding type of information required.)
Alliance Payroll Service/payroll proc.

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/01/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	166.66

Purpose of payment (See instructions regarding type of information required.)
Bettte John/bookkeeping

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 100/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
02/28/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	2288.00

8 Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./rent

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	46.01

Purpose of payment (See instructions regarding type of information required.)
Tejas Office Products/supplies

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/28/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	11.57

Purpose of payment (See instructions regarding type of information required.)
Ozarka/water

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
06/19/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	50.00

Purpose of payment (See instructions regarding type of information required.)
SBC/long distance

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 101/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
04/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	129.90

8 Purpose of payment (See instructions regarding type of information required.)
The Redstone Building L.P./parking

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
04/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	17.43

Purpose of payment (See instructions regarding type of information required.)
Ozarka/water

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
04/04/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	79.93

Purpose of payment (See instructions regarding type of information required.)
Baseline Apex (toners)
Imaging

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/28/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	417.00

Purpose of payment (See instructions regarding type of information required.)
SBC/telephone services

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

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 102/102

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
05/05/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	27.06

8 Purpose of payment (See instructions regarding type of information required.)
Octia Corporation/computer services

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/28/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	166.66

Purpose of payment (See instructions regarding type of information required.)
Bette John/bookkeeping

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
05/05/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	25.00

Purpose of payment (See instructions regarding type of information required.)
Alliance Payroll Service/payroll service

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
02/28/2006	WSB Office Houston,LLC 109 North Post Oak Lane Houston TX 77024	129.90

Purpose of payment (See instructions regarding type of information required.)
The Redstone Building/parking

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

03/11/2004 13:45

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

(For FEC Use Only)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Marathon Oil Company Employees Political Action Committee (MEPAC)

ADDRESS (Number and Street) 539 South Main Street

(Check if address is changed) Room 2635

Findlay OH 45840 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

JPHorstman@MAPLLC.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 02 05 1978

3. FEC IDENTIFICATION NUMBER C C00040568

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Joseph P. Horstman

Signature of Treasurer Electronically Filed by Joseph P. Horstman Date 03 11 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

I hereby certify that this document is a complete and accurate copy of the original document on file with the Federal Election Commission.

10/26/05 Eileen J. Canavan

Date

Eileen J. Canavan
Deputy Assistant Staff Director
For Disclosure

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

Marathon Oil Company Employees Political Action Committee (MEPAC)

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: Linda Ann Whetstone

Mailing Address: 539 South Main Street

Findlay | OH | 45840 - 3229

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: Senior Tax Analyst

Telephone number: ___ - ___ - ___

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Joseph P. Horstman

Mailing Address: 539 South Main Street

Room 2635

Findlay | OH | 45840 -

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: Treasurer - MEPAC

Telephone number: 419 - 422 - 2121

Full Name of Designated Agent: Nancy R. Purcell

Mailing Address: 539 South Main Street

Findlay | OH | 45840 - 3229

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: Coordinator

Telephone number: ___ - ___ - ___

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

American Federation of State, County and Municipal Employees

ADDRESS (number and street) ▼ 1625 L Street, N.W.

(Check if address is changed)

Washington, DC 20036 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

3. FEC IDENTIFICATION NUMBER ▶ C 00011114

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William Lucy

Signature of Treasurer William Lucy Date 04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN046.PDF

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Riggs National Bank

Mailing Address 1800 M Street, N.W.

Washington, DC 20036 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank of New York

Mailing Address 1825 K Street, N.W.

Washington, DC 20006 -

CITY ▲ STATE ▲ ZIP CODE ▲

07/11/2005 11:15

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) X (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Greenberg Traurig, LLP PAC

ADDRESS (Number and Street)

1221 Brickell Avenue

(Check if address is changed)

Miami | FL | 33131 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ARRIETEE@gtlaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

305-789-3448

2. DATE 07 07 2005

3. FEC IDENTIFICATION NUMBER C C00266585

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Mr. Clifford A. Schulman

Signature of Treasurer Electronically Filed by Mr. Clifford A. Schulman Date 07 07 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Greenberg Traurig, LLP

Mailing Address 1221 Brickell Avenue

Miami FL 33131 -

CITY STATE ZIP CODE

Relationship Connected

Type of Connected Organization:

X Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

Greenberg Traurig, LLP PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: Mr. Clifford A., Schulman

Mailing Address: 1221 Brickell Avenue

Miami (CITY ▲) FL (STATE ▲) 33131 – (ZIP CODE ▲)

Title or Position ▼: Custodian of Records

Telephone number: 305 – 579 – 0500

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Mr. Clifford A., Schulman

Mailing Address: 1221 Brickell Avenue

Miami (CITY ▲) FL (STATE ▲) 33131 – (ZIP CODE ▲)

Title or Position ▼: Treasurer

Telephone number: 305 – 579 – 0500

Full Name of Designated Agent: Simon Ferro

Mailing Address: 1221 Brickell Avenue

Miami (CITY ▲) FL (STATE ▲) 33131 – (ZIP CODE ▲)

Title or Position ▼: Assistant Treasurer

Telephone number: 305 – 579 – 0500

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Union Planters

Mailing Address

1221 Brickell Avenue

Miami FL 33131 -

CITY STATE ZIP CODE