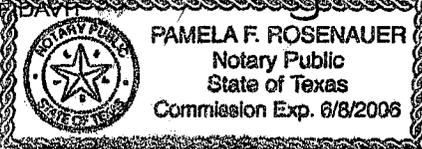


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1 ACCOUNT #		2 Total pages filed: <u>2</u>	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	SUFFIX
	NICKNAME	LAST	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED	Month	Day	Year
	Month	Day	Year
6 EXPLANATION OF CORRECTION	1 / 1 / 2003 THROUGH 6 / 30 / 2003		
	<p>Upon review, we are submitting additional information on previously reported Schedule A1. Arthur L. Schechter's name was submitted in error. The name should have read Joyce P. Schechter.</p>		
	<p>7 AFFIDAVIT</p>  <p>PAMELA F. ROSENAUER Notary Public State of Texas Commission Exp. 6/8/2006</p> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.</p> <p><u>Bill White</u> Signature of Candidate or Officeholder</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me by <u>William H. (Bill) White</u> this the <u>16th</u> day of <u>July</u>, 20<u>03</u>.</p> <p>to certify which, witness my hand and seal of office.</p> <p><u>Pamela F. Rosenauer</u> PAMELA F. ROSENAUER EXECUTIVE ASSISTANT Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>		
	<p>Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections</p>		

OFFICE USE ONLY

Date Received

Date Hand-deliivered or Date Acknowledged

RECEIVED
JUL 16 2003
CITY SECRETARY

Receipt #

Amount

Legal

Totals

Date Processed

Date Imaged

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Mr. William H. White</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/18/2008</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joyce P. Schechter</i>	7 Amount of contribution (\$) <i>\$5000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>[REDACTED]</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.