

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

<b>1</b> ACCOUNT #	<b>2</b> Total pages filed: <u>2</u>
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<b>3</b> CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST MI	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST	

William H.  
Bill White

Date Received: JUL 30 2003

Date Hand-delivered or Mailed: JUL 30 2003

Receipt # \_\_\_\_\_ Amount \_\_\_\_\_

Legal Totals \_\_\_\_\_

Date Processed \_\_\_\_\_

Date Imaged \_\_\_\_\_

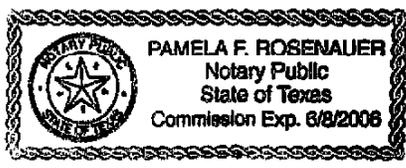
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report	

<b>5</b> ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	<u>1 / 1 / 2003</u>			THROUGH	<u>6 / 30 / 2003</u>		

**6** EXPLANATION OF CORRECTION

Upon review, we are submitting additional information on previously reported Schedule A1. Keith P. Ellison's name was submitted in error. The name should have read Kathleen R. Ellison.

**7** AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Bill White

Signature of Candidate or Officeholder

Sworn to and subscribed before me by William H. (Bill) White this the 30<sup>th</sup> day of July, 20 03.

to certify which, witness my hand and seal of office.

Pamela F. Rosenauer Pamela F. Rosenauer Executive Assistant

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

**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:

1

2 FILER NAME

Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/15/2003

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Kathleen R. Ellison

6 Contributor address, City, State, Zip Code

1301 McKinney Street  
Houston, Texas 77010

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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.