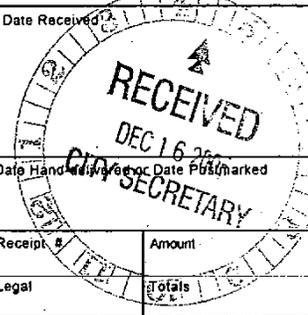


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | |
|--|--|--|
| 1 ACCOUNT # | 2 Total pages filed: <p style="text-align: center; font-size: 24px;">7</p> | OFFICE USE ONLY |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI |  |
| | NICKNAME LAST SUFFIX | |
| 4 ORIGINAL REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input 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 THROUGH Month / Day / Year 11 / 27 / 03 12 / 31 / 03 | |
| 6 EXPLANATION OF CORRECTION | | Date Received Date Handled Receipt # Amount Legal Totals Date Processed Date Imaged |

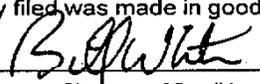
See attached.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

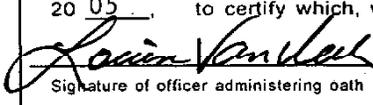
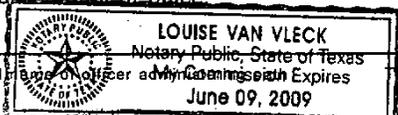
I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by William H. White this the 15th day of December 2005 to certify which, witness my hand and seal of office.

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

EXPLANATION OF CORRECTION—JANUARY 15, 2004 REPORT

The political expenditures on the attached pages were all incurred by individuals who purchased goods or services with their own personal funds for the use of the campaign and were reimbursed by the campaign for those expenses. The payee on the expenses was originally reported as the individual actually incurring the expense, and the Purpose of Payment stated the good or service for which the person was obtaining reimbursement. The date of the expense originally reported was the date the campaign reimbursed the individual incurring the expense. We are supplementing Schedule F to state the name and address of the person or entity from whom the originally reported payee purchased the goods or services. The originally reported payee is now identified in the Purpose of Payment section, which continues to describe the payment as a reimbursement. Where our records establish that the individual purchasing goods or services for the campaign incurred the expense on a date prior to reimbursement, the date of expenditure has been changed from the date of reimbursement to the date the individual incurred the expense.

In some circumstances, individuals received reimbursement during this reporting period for expenses they incurred in a prior reporting period. We are contemporaneously filing corrections affidavits for the reports applicable to these prior reporting periods supplementing Schedule F of each report to provide the additional information discussed above regarding expenses the individual incurred during the prior reporting period, but for which the campaign did not reimburse the individual until this reporting period.

The reimbursements that the campaign provided to individuals for expenses incurred during this reporting period for the benefit of the campaign include reimbursements totaling \$105.06 for expenses as to which the total amount paid by or for the benefit of the campaign to the payee during the reporting period is less than \$50. Accordingly, Total Expenditures of \$50 or Less increase from \$0 to \$105.06.

Because expenditures made by an individual for the benefit of the campaign during prior reporting periods but for which the individual received reimbursement during this reporting period are now being reported on Schedule F of the reports for those prior reporting periods rather than on this report, Total Expenditures for this reporting period decrease from \$1,120,628.42 to \$1,117,923.60.

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 5 |
| 2 FILER NAME William H. White | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 12/02/03 | 5 Payee name Worldwide Operating, Inc. 6 Payee address; City; State; Zip Code 16031 East Freeway Channelview, TX 77530 | 7 Amount (\$) \$200.00 |
| 8 Purpose of payment (See instructions regarding type of information required.) Reimburse Bette John for health insurance. | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date 12/09/03 | Payee name Spec's Payee address; City; State; Zip Code 2410 Smith Street Houston, TX 77006 | Amount (\$) \$177.53 |
| Purpose of payment (See instructions regarding type of information required.) Reimburse Andrea Greer for election party beverages. | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date 12/02/03 | Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265 | Amount (\$) \$149.61 |
| Purpose of payment (See instructions regarding type of information required.) Reimburse Amanda Chavez for cell phone expense. | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date 12/17/03 | Payee name United Healthcare Payee address; City; State; Zip Code 1333 West Loop South Houston, TX 77027 | Amount (\$) \$120.44 |
| Purpose of payment (See instructions regarding type of information required.) Reimburse Christine Gorman for health Insurance. | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | |

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 5 |
| 2 FILER NAME William H. White | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 12/22/03 | 5 Payee name Roving Software | 7 Amount (\$) \$225.00 |
| 6 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) Reimburse Jost Lunstroth for computer software. | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date 12/04/03 | Payee name Love United Methodist Church | Amount (\$) \$200.00 |
| Payee address; City; State; Zip Code 11255 Eastex Freeway Houston, TX 77093 | | |
| Purpose of payment (See instructions regarding type of information required.) Reimburse Herb Mitchell for satellite office electricity. | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date 12/06/03 | Payee name Sears | Amount (\$) \$108.24 |
| Payee address; City; State; Zip Code 20131 Highway 59 N. Humble, TX 77338 | | |
| Purpose of payment (See instructions regarding type of information required.) Reimburse Louise Van Vleck for office supplies. | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date 12/02/03 | Payee name Empty Vase of Houston | Amount (\$) \$95.26 |
| Payee address; City; State; Zip Code 2439 Westheimer Road Houston, TX 77098 | | |
| Purpose of payment (See instructions regarding type of information required.) Reimburse Sharon Haley for flowers for office. | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 5 |
| 2 FILER NAME William H. White | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 12/09/03 | 5 Payee name Palazzo's Italian Café ----- 6 Payee address; City; State; Zip Code 3215 Westheimer Houston, TX 77098 | 7 Amount (\$) \$877.92 |
| 8 Purpose of payment (See instructions regarding type of information required.) Reimburse Alena Marks for field expense – food. | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date 12/19/03 | Payee name Sprint PCS ----- Payee address; City; State; Zip Code 2001 Edmund Halley Drive Reston, VA 20191 | Amount (\$) \$251.38 |
| Purpose of payment (See instructions regarding type of information required.) Reimburse Christina Cabral for cell phone expense. | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date 12/02/03 | Payee name Sam's Club ----- Payee address; City; State; Zip Code 5310 South Rice Avenue Houston, TX 77081 | Amount (\$) \$208.00 |
| Purpose of payment (See instructions regarding type of information required.) Reimburse Sharon Haley for food. | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date 12/02/03 | Payee name James Coney Island ----- Payee address; City; State; Zip Code 1600 Post Oak Houston, TX 77056 | Amount (\$) \$56.45 |
| Purpose of payment (See instructions regarding type of information required.) Reimburse Sharon Haley for field expense – food. | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | |

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|--|-------------------------------|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 5 |
| 2 FILER NAME William H. White | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 12/05/03 | 5 Payee name Spec's | 7 Amount (\$) \$148.96 |
| 6 Payee address; City; State; Zip Code 2410 Smith Street Houston, TX 77006 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) Reimburse Andrea Greer for election party beverages. | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date 11/29/03 | Payee name Shell | Amount (\$) \$20.24 |
| Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024 | | |
| Purpose of payment (See instructions regarding type of information required.) Reimburse Amanda Chavez for field expense - gas. | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) | | *** Complete if direct expenditure to benefit C/OH *** Candidate / Office holder name Office sought Office held |
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|---|---------------------------------|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 5 |
| 2 FILER NAME William H. White | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 12/18/03 | 5 Payee name AT&T | 7 Amount (\$) \$643.15 |
| 6 Payee address; City; State; Zip Code P.O. Box 8212 Aurora, IL 60572 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) Reimburse Michael Moore for cell phone expense. | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date 12/18/03 | Payee name Verio | Amount (\$) \$699.65 |
| Payee address; City; State; Zip Code 5050 Conference Way, N. Boca Raton, FL 33431 | | |
| Purpose of payment (See instructions regarding type of information required.) Reimburse Michael Moore for web hosting expense. | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |
| Purpose of payment (See instructions regarding type of information required.) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED