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

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT#

2 Total pages filed: 5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: William | MI: H.

NICKNAME: Bill | LAST: White | SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [x] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED

Month Day Year: 9/26/2003 THROUGH Month Day Year: 10/24/2003

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED JUL 15 2004

Receipt | Amount

Legal | Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

Attached please find the Statement of Organization for the following contributor: Parsons BrinckerHoff Inc. PAC

7 AFFIDAVIT

PAMELA F. ROSENAUER
Notary Public
State of Texas
Commission Exp. 6/8/2006

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by William H. White this the 26th day of May, 2004.

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

Pamela F. Rosenauer | Pamela F. Rosenauer | Notary Public

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

Revised 02/04/2004

Printed on recycled paper

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

Parsons Brinckerhoff, Inc. PAC

ADDRESS (number and street) 1401 K Street NW

[X] (Check if address is changed) Suite 701

Washington | DC | 20005 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 12 / 23 / 1982

3. FEC IDENTIFICATION NUMBER C C00287083

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 Joan Fabio

Signature of Treasurer Electronically Filed by Joan Fabio Date 07 / 15 / 2003

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 02/2002)

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.

8. Name of Any Connected Organization or Affiliated Committee

Parsons Brinckerhoff, Inc.

Mailing Address One Penn Plaza

New York (CITY) NY (STATE) 10119 - (ZIP CODE)

Relationship Connected Organization

Type of Connected Organization:

☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

Parsons Brinckerhoff, Inc. 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

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: Joan Fable

Mailing Address: One Penn Plaza

New York | NY | 10119 -

Title or Position ▼: Treasurer | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 212 - 465 - 5000

Full Name of Designated Agent: Steve Loel

Mailing Address: One Penn Plaza

New York | NY | 10119 -

Title or Position ▼: Assistant Treasurer | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 212 - 465 - 5000

8. **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 ▲