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: 8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: William | M: H. | NICKNAME: Bill | LAST: White | SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [x] July 15
- [ ] 30th day before election
- [ ] 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: 1 / 1 / 2004 THROUGH Month Day Year: 6 / 30 / 2004

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED SEP 30 2004 CITY SECRETARY

Receipt # Amount

Legal Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

The contribution from Hibernia People for Good Government PAC and the expenditure to Paymentech were inadvertantly left off of the July 15, 2004 report.

7 AFFIDAVIT

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

Bill White

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by William H. (Bill) White this the 24th day of September, 20 04.

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

Louise Van Vleck

Signature of officer administering oath

LOUISE VAN VLECK
Notary Public, State of Texas
My Commission Expires
June 09, 2005

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

Printed on recycled paper

Revised 02/04/2004

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/4/2004	Hibernia People for Good Government PAC 6 Contributor address; City; State; Zip Code [redacted]	$2,000.00	

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/4/2004	Paymentech P.O. Box 6600 Hagerstown, MD 21741	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 ($)

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

•• 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 ($)

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

•• 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 ($)

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED
FEC MAIL ROOM

2001 MAR -8 A 9:54

Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

HIRNINIA PEOPLE FOR GOOD GOVERNMENT

ADDRESS (number and street) 3 9 CARONDELET STREET

☐ (Check if address is changed)

NEW ORLEANS LA 70130-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 02 21 2001

3. FEC IDENTIFICATION NUMBER ▶ C 00149583

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 RON E. SAMFORD, JR.

Signature of Treasurer [signature] Date

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)

FE1AN048.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) [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

HIBERNIA CORPORATION

Mailing Address 313 CARONDELET STREET

NEW ORLEANS LA 70130 -

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

HIBERNIA PEOPLE FOR GOOD GOVERNMENT

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: RON E. SAMFORD JR.

Mailing Address: 313 CARONDELET STREET

NEW ORLEANS | LA | 70130 -

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

TREASURER

Telephone number 504 - 533 - 5332

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: RON E. SAMFORD JR.

Mailing Address: 313 CARONDELET STREET

NEW ORLEANS | LA | 70130 -

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

TREASURER

Telephone number 504 - 533 - 5332

Full Name of Designated Agent: ANNE OESTRIECHER

Mailing Address: 313 CARONDELET STREET

NEW ORLEANS | LA | 70130 -

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

ASST. TREASURER

Telephone number 504 - 533 - 2874

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.

HIBERNIA NATIONAL BANK

Mailing Address 313 CARONDELET STREET

NEW ORLEANS | LA | 70130 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

ATTACHED IS A LIST OF NEWLY ELECTED OFFICERS AS OF 2/21/01.

HPGG

HIBERNIA PEOPLE FOR GOOD GOVERNMENT
OFFICERS ELECTED 2/21/2001

POSITION	NAME	ADDRESS
President	B.R.H. "Snappy" Jacobs	P.O. Box 61540 New Orleans, LA 70161
Vice-President	Frankie Nesbit	3840 Emerald Rd. Hwy 22 Mandeville, LA 70448
Treasurer	Ron E. Samford, Jr.	P.O. Box 61540 New Orleans, LA 70161
Assistant Treasurer	Anne Oestriecher	P.O. Box 61540 New Orleans, LA 70161
Administrator	Patrick Bell	P.O. Box 61540 New Orleans, LA 70161