

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Mr. William

H. White

15 ACCOUNT # (Ethics Commission filers)
C00000000

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$2910766.19

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

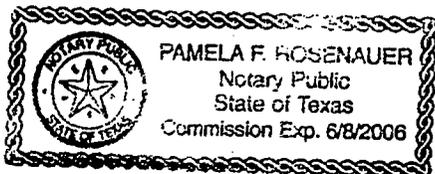
4. TOTAL POLITICAL EXPENDITURES \$1005522.59

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Bill White
Signature of Candidate or Officeholder

SWORN to and subscribed before me, by the said William H. (Bill) White this the 15th day of JULY, 2003, to certify which, witness my hand and seal of office.

Pamela F. Rosenauer
Signature of Officer Administering Oath

Pamela F. Rosenauer
Printed NAME

EXECUTIVE ASSISTANT
Title

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-------------------------------------|---|---------------------------------|--|---|--|---|--|------------|----------------------------------|--|---|--|------------------------|----------------------------------|--|------------|--|--|--|------------|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) C00000000 | 2 Total pages this report: 1/430 | | | | | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:30%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td>Mr.</td> <td>William</td> <td>H.</td> </tr> <tr> <td colspan="3" style="border-top: 1px dotted black;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td>Bill</td> <td>White</td> <td></td> </tr> </table> | TITLE | FIRST | MI | Mr. | William | H. | | | | NICKNAME | LAST | SUFFIX | Bill | White | | OFFICE USE ONLY | | | | | | | |
| | TITLE | FIRST | MI | | | | | | | | | | | | | | | | | | | | | |
| Mr. | William | H. | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | | | | |
| Bill | White | | | | | | | | | | | | | | | | | | | | | | | |
| | | Date Received | | | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td colspan="5">720 North Post Oak Road 4th Floor Houston TX 77024</td> </tr> </table> | | | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | 720 North Post Oak Road 4th Floor Houston TX 77024 | | | | | Date Hand-delivered or Date Postmarked | | | | | | | | | | |
| | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | | |
| 720 North Post Oak Road 4th Floor Houston TX 77024 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Date Processed | | | | | | | | | | | | | | | | | | | | | | |
| 5 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:30%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td>Mr.</td> <td>Matt</td> <td></td> </tr> <tr> <td colspan="3" style="border-top: 1px dotted black;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Simmons</td> <td></td> </tr> </table> | TITLE | FIRST | MI | Mr. | Matt | | | | | NICKNAME | LAST | SUFFIX | | Simmons | | Receipt # | Amount | | | | | | |
| | TITLE | FIRST | MI | | | | | | | | | | | | | | | | | | | | | |
| Mr. | Matt | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | | | | |
| | Simmons | | | | | | | | | | | | | | | | | | | | | | | |
| | | Date Imaged | | | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:15%;">STATE;</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td colspan="5">700 Louisiana Suite 5000 Houston TX 77002</td> </tr> </table> | | | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | 700 Louisiana Suite 5000 Houston TX 77002 | | | | | | | | | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | | | |
| 700 Louisiana Suite 5000 Houston TX 77002 | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:35%;">EXTENSION</td> </tr> <tr> <td>(713)</td> <td>236-9999</td> <td></td> </tr> </table> | | | AREA CODE | PHONE NUMBER | EXTENSION | (713) | 236-9999 | | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | | | | |
| (713) | 236-9999 | | | | | | | | | | | | | | | | | | | | | | | |
| 8 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table> | | | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | | | | | | | | | | |
| <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | | | | | | | | | | | | | | | | | | |
| 9 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>01/01/2003</td> <td></td> <td></td> <td></td> <td>06/30/2003</td> </tr> </table> | | | Month | Day | Year | THROUGH | Month | Day | Year | | | | | | | | | | 01/01/2003 | | | | 06/30/2003 |
| Month | Day | Year | THROUGH | Month | Day | Year | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 01/01/2003 | | | | 06/30/2003 | | | | | | | | | | | | | | | | | | |
| 10 ELECTION | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td colspan="2">ELECTION TYPE</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td>11/04/2003</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input checked="" type="checkbox"/> General</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Special</td> </tr> </table> | | | ELECTION DATE | ELECTION TYPE | | Month | Day | Year | | | 11/04/2003 | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input checked="" type="checkbox"/> General | | | <input type="checkbox"/> Special | | | | | | |
| ELECTION DATE | ELECTION TYPE | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | | | | | | | | | | | |
| | | 11/04/2003 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input checked="" type="checkbox"/> General | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) Other | 12 OFFICE SOUGHT (if known) Other -- Mayor - City of Houston | | | | | | | | | | | | | | | | | | | | | | |
| 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. | | | | | | | | | | | | | | | | | | | | | | | |
| | Name | | | | | | | | | | | | | | | | | | | | | | | |
| | Address/PO Box; Apt. / Suite #; City; State; Zip Code | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> additional pages | | | | | | | | | | | | | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Mr. William

H. White

15 ACCOUNT # (Ethics Commission filers)
C00000000

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

| | | |
|----|--|--------------|
| 1. | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00 |
| 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$2910766.19 |

EXPENDITURE TOTALS

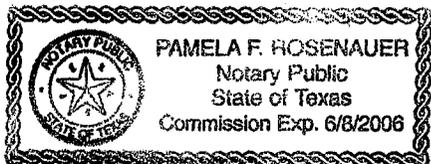
| | | |
|----|---|--------------|
| 3. | TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 0.00 |
| 4. | TOTAL POLITICAL EXPENDITURES | \$1005522.59 |

OUTSTANDING LOAN TOTALS

| | | |
|----|--|---------|
| 5. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
|----|--|---------|

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Bill White
Signature of Candidate or Officeholder

SWORN to and subscribed before me, by the said William H. (Bill) White, this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

Pamela F. Rosenauer Signature of Officer Administering Oath
Pamela F. Rosenauer Printed Name
EXECUTIVE ASSISTANT Title

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

| | | | |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 3/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 06/29/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) William H. White | 7 Amount of contribution (\$) 160.00 | 8 In-kind contribution description (if applicable) Computers |
| 6 Contributor address; City; State; Zip Code [REDACTED] | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 03/13/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) J. Gregory Copeland | Amount of contribution (\$) 200.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 03/07/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rebecca Moores | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/23/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Walker | Amount of contribution (\$) 10.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Marnon | Amount of contribution (\$) 40.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

| | | | |
|---|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 4/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 03/17/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nijad Fares | 7 Amount of contribution (\$) 5000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 04/22/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pam Boyar | Amount of contribution (\$) 10.00 | In-kind contribution description (if applicable) Office Supplies |
| Contributor address; City; State; Zip Code | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/27/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nancy R. Kornegay | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 02/19/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Daniel Pickering | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 03/20/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Janet Clark | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
5/430

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date: 06/10/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Dr. Richard Evans
6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$): 100.00
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) **10** Employer (Optional)

Date: 06/06/2003
Full name of contributor out-of-state PAC(ID# _____)
Yi-chung Ho
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$): 500.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 05/19/2003
Full name of contributor out-of-state PAC(ID# _____)
Richard E. Bamberger
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$): 200.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 04/09/2003
Full name of contributor out-of-state PAC(ID# _____)
Richard Keeton
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$): 1000.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 04/23/2003
Full name of contributor out-of-state PAC(ID# _____)
Jennifer M. Bailey
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$): 101.93
In-kind contribution description (if applicable)
Supplies: decorating he - adquarters

Principal occupation (Optional) Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
6/430

2 FILER NAME

Mr. William

H. White

3 ACCOUNT # (Ethics Commission filers)

C00000000

4 Date

06/10/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Michael J. Siller Interiors

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/09/2003

Full name of contributor out-of-state PAC(ID# _____)
Tracye Wear

Contributor address; City; State; Zip Code

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

02/12/2003

Full name of contributor out-of-state PAC(ID# _____)
Neil Kelley

Contributor address; City; State; Zip Code

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/12/2003

Full name of contributor out-of-state PAC(ID# _____)
M.J.O. Driscoll-Levy

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/27/2003

Full name of contributor out-of-state PAC(ID# _____)
Todd Litton

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

| | | | |
|---|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 7/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 03/24/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lauren Friedman | 7 Amount of contribution (\$) 250.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code [REDACTED] | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 06/10/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cecil Conner, Jr. | Amount of contribution (\$) 150.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 02/06/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) William H. White | Amount of contribution (\$) 1141.25 | In-kind contribution description (if applicable) Media |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 03/13/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tony Davis | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/05/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David M. Smith | Amount of contribution (\$) 30.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

| | | | |
|---|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 8/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 04/28/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mike Westergren 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 05/22/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) E. Shelton Smith Contributor address; City; State; Zip Code Two Houston Center Suite 3850 [REDACTED] [REDACTED] | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert Harrell Contributor address; City; State; Zip Code [REDACTED] [REDACTED] | Amount of contribution (\$) 750.00 | In-kind contribution description (if applicable) Food and beverages |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/18/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barbara Day Contributor address; City; State; Zip Code [REDACTED] [REDACTED] | Amount of contribution (\$) 360.00 | In-kind contribution description (if applicable) Invitations, stamps, refreshments |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/09/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Paul Chapman Contributor address; City; State; Zip Code [REDACTED] [REDACTED] | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
9/430

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission files)
C00000000

4 Date
05/20/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Roy Nichol

7 Amount of contribution (\$)
517.97

8 In-kind contribution description (if applicable)
Stationery, stamps, food, - drinks

6 Contributor address; City; State; Zip Code
[REDACTED]

9 Principal occupation (Optional)

10 Employer (Optional)

Date
03/13/2003

Full name of contributor out-of-state PAC(ID# _____)
Melvin Lack

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date
03/31/2003

Full name of contributor out-of-state PAC(ID# _____)
Tom G. Schultz

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date
06/27/2003

Full name of contributor out-of-state PAC(ID# _____)
Bryan Baker

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date
05/15/2003

Full name of contributor out-of-state PAC(ID# _____)
Charlotte H. Coffelt

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date: 06/04/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Lillie Robertson
.....
6 Contributor address; City; State; Zip Code
[REDACTED] 2

7 Amount of contribution (\$): 500.00
8 In-kind contribution description (if applicable):

9 Principal occupation (Optional) **10** Employer (Optional)

Date: 03/20/2003
Full name of contributor out-of-state PAC(ID# _____)
Jack Hunt
.....
Contributor address; City; State; Zip Code
[REDACTED] 56

Amount of contribution (\$): 500.00
In-kind contribution description (if applicable):

Principal occupation (Optional) Employer (Optional)

Date: 06/30/2003
Full name of contributor out-of-state PAC(ID# _____)
Wen Shing Wu
.....
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$): 500.00
In-kind contribution description (if applicable):

Principal occupation (Optional) Employer (Optional)

Date: 05/19/2003
Full name of contributor out-of-state PAC(ID# _____)
Barbara J. Calfee
.....
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$): 1000.00
In-kind contribution description (if applicable):

Principal occupation (Optional) Employer (Optional)

Date: 06/27/2003
Full name of contributor out-of-state PAC(ID# _____)
Gigi Huang
.....
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$): 3000.00
In-kind contribution description (if applicable):
Dinner: food and beverages

Principal occupation (Optional) Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
11/430

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date **5** Full name of contributor out-of-state PAC(ID# _____)
02/18/2003 Ana Ma

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)
100.00

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
05/06/2003 Patricia H. Bernstein

Amount of contribution (\$) In-kind contribution description (if applicable)
100.00

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/27/2003 Walter Campbell

Amount of contribution (\$) In-kind contribution description (if applicable)
25.00

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
05/20/2003 William Wilson

Amount of contribution (\$) In-kind contribution description (if applicable)
25.00

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/30/2003 Melanie Gray

Amount of contribution (\$) In-kind contribution description (if applicable)
5000.00

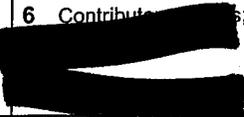
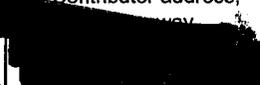
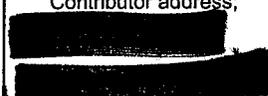
Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

| | | | |
|---|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 12/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 05/13/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sue Sue Aron | 7 Amount of contribution (\$) 20.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code  | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 05/13/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Don Aron | Amount of contribution (\$) 3500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 03/28/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Walter Finger | Amount of contribution (\$) 2500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 02/25/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Steve Kherkher | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Phillip Guittard | Amount of contribution (\$) 35.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
13/430

2 FILER NAME
Mr. William

H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date
05/21/2003

5 Full name of contributor out-of-state PAC(ID# _____)
James M. Trimble

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)
1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
John Hildreth

05/12/2003

Contributor address; City; State; Zip Code
320 [REDACTED]

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Philip Carroll

04/03/2003

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Robin French

04/23/2003

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Lissy B. Katz

05/06/2003

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
5000.00

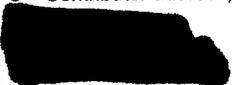
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

| | | | |
|---|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 14/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 03/13/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joseph Cheavens | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code  | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 06/06/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) I-Ming Chen | Amount of contribution (\$) 750.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/04/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dick DeGuerin | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 03/21/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Marc P. Gordon | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John Griffin, Jr. | Amount of contribution (\$) 200.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
15/430

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date
03/07/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Bill Hurt

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)
2000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
05/15/2003

Full name of contributor out-of-state PAC(ID# _____)
Tim Surratt

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
04/07/2003

Full name of contributor out-of-state PAC(ID# _____)
Anita Stude

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
05/28/2003

Full name of contributor out-of-state PAC(ID# _____)
Barry H. Goodfriend M.D.

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
05/15/2003

Full name of contributor out-of-state PAC(ID# _____)
Donna G. Alexander

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date: 04/22/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Lenore Slovacek
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$): 6.00
8 In-kind contribution description (if applicable):
Office Supplies

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 06/13/2003
Full name of contributor out-of-state PAC(ID# _____)
Walter Weathers, Jr.
Contributor address; City; State; Zip Code

Amount of contribution (\$): 1000.00
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

Date: 04/08/2003
Full name of contributor out-of-state PAC(ID# _____)
George Ball
Contributor address; City; State; Zip Code

Amount of contribution (\$): 2500.00
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

Date: 06/30/2003
Full name of contributor out-of-state PAC(ID# _____)
Daniel W Schroder
Contributor address; City; State; Zip Code

Amount of contribution (\$): 950.00
In-kind contribution description (if applicable):
Invitations, stamps, food, - drinks

Principal occupation (Optional)

Employer (Optional)

Date: 05/15/2003
Full name of contributor out-of-state PAC(ID# _____)
Joanna King
Contributor address; City; State; Zip Code

Amount of contribution (\$): 50.00
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date
05/12/2003

5 Full name of contributor out-of-state PAC(ID# _____)
John E. Joiner

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code



9 Principal occupation (Optional)

10 Employer (Optional)

Date
06/12/2003

Full name of contributor out-of-state PAC(ID# _____)
Cynthia Chapman

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code



Principal occupation (Optional)

Employer (Optional)

Date
04/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Craig Smyser

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code



Principal occupation (Optional)

Employer (Optional)

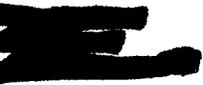
Date
03/04/2003

Full name of contributor out-of-state PAC(ID# _____)
Preston Moore

Amount of contribution (\$)
2000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code



Principal occupation (Optional)

Employer (Optional)

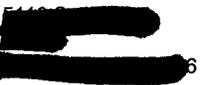
Date
05/16/2003

Full name of contributor out-of-state PAC(ID# _____)
Mrs. Hazel B. Casey

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code



Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date **5** Full name of contributor out-of-state PAC(ID# _____)
04/22/2003 Barry Palmer

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)
5000.00

6 Contributor address; City; State; Zip Code
[REDACTED]

9 Principal occupation (Optional)

10 Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
05/13/2003 Tamara Brock

Amount of contribution (\$) In-kind contribution description (if applicable)
20.00

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
04/03/2003 Melinda Hildebrand

Amount of contribution (\$) In-kind contribution description (if applicable)
5000.00

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/09/2003 John Jeter

Amount of contribution (\$) In-kind contribution description (if applicable)
111.00 Food

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
03/04/2003 Marianne Kah

Amount of contribution (\$) In-kind contribution description (if applicable)
300.00

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

| | | | |
|---|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 19/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 05/09/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tammie J. Kahn 6 Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 5000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brett Burlison Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 70.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/04/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) R. Edwin Allday Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ashley L. Wehrly Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 20.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/27/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Morrie K. Abramson Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this report:
20/430

2 FILER NAME
Mr. William

H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date
04/18/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Shannon Sasser

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)
5000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
B. Daryl Bristow

03/13/2003

Contributor address; City; State; Zip Code
[REDACTED] 995

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Joan Baskin

02/11/2003

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Jack C. Nickens

02/21/2003

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Jeb M. Bowden

04/01/2003

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date
04/23/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Eric Lipman

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
25.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
05/01/2003

Full name of contributor out-of-state PAC(ID# _____)
Robert I. Deutser

Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
06/06/2003

Full name of contributor out-of-state PAC(ID# _____)
Chiao-fang Yang Kung

Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
02/21/2003

Full name of contributor out-of-state PAC(ID# _____)
Jerry Finger

Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Si Lee

Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

| | | | |
|---|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 22/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 02/11/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Intl. Bank of Commerce Committee Improvement 6 Contributor address: City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 05/05/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James Douglas McMurrey, Jr. Contributor address: City; State; Zip Code [REDACTED] | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/27/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Margaret C. Cox Contributor address: City; State; Zip Code [REDACTED] | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/18/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) J. Dickson Rogers Contributor address: City; State; Zip Code [REDACTED] | Amount of contribution (\$) 2500.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/26/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Elizabeth Beeton Contributor address: City; State; Zip Code [REDACTED] | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 23/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 06/05/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mark Benavidez | 7 Amount of contribution (\$) 10.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code [REDACTED] | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 05/02/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fredricka Hunter | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/30/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Olive Jenney | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/18/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Charles E. Harrell | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/05/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ralph M. Hockley | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 24/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 03/26/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mark Avery 6 Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 04/21/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barbara Clark Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/04/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Michael M. Fowler Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/24/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Emily Pannier Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/04/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) William H. White Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 111.00 | In-kind contribution description (if applicable) Postage |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 25/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 06/05/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Dao 6 Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 765.00 | 8 In-kind contribution description (if applicable) Dinner Party at Hunan - Restaurant |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 05/30/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eric Carter Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/03/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Emma A. Simmons Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/30/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kylin Phou Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 800.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/23/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Diane Perry Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 10.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date: 05/06/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Peter Coneway
6 Contributor address; City; State; Zip Code
[Redacted]

7 Amount of contribution (\$): 2683.74
8 In-kind contribution description (if applicable):
Food, beverages, rentals and staff

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 04/10/2003
Full name of contributor out-of-state PAC(ID# _____)
Gerald Smith
Contributor address; City; State; Zip Code
[Redacted]

Amount of contribution (\$): 5000.00
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

Date: 05/12/2003
Full name of contributor out-of-state PAC(ID# _____)
William H. Knull
Contributor address; City; State; Zip Code
[Redacted]

Amount of contribution (\$): 1000.00
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

Date: 05/15/2003
Full name of contributor out-of-state PAC(ID# _____)
Maria W. Gable
Contributor address; City; State; Zip Code
[Redacted]

Amount of contribution (\$): 85.00
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

Date: 06/30/2003
Full name of contributor out-of-state PAC(ID# _____)
Yuk Wah Hsieh
Contributor address; City; State; Zip Code
[Redacted]

Amount of contribution (\$): 500.00
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date: 02/19/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Richard Kinder
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$): 5000.00
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 04/16/2003
Full name of contributor out-of-state PAC(ID# _____)
Julia Jeu Gee
Contributor address; City; State; Zip Code

Amount of contribution (\$): 200.00
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/13/2003
Full name of contributor out-of-state PAC(ID# _____)
Barbara Goot Gamson
Contributor address; City; State; Zip Code

Amount of contribution (\$): 500.00
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/29/2003
Full name of contributor out-of-state PAC(ID# _____)
William H. White
Contributor address; City; State; Zip Code

Amount of contribution (\$): 15657.18
In-kind contribution description (if applicable)
Jan. - Mar. Rent, March payroll

Principal occupation (Optional)

Employer (Optional)

Date: 04/23/2003
Full name of contributor out-of-state PAC(ID# _____)
John Beeson
Contributor address; City; State; Zip Code

Amount of contribution (\$): 5000.00
In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 28/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 06/02/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Karen Pulaski Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 2000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 06/16/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mark W. Miller Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 03/31/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James Crane Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barrett H. Reasoner Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Angel Fraga Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 35.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date
06/04/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Karl Laurence Kilian

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
03/24/2003

Full name of contributor out-of-state PAC(ID# _____)
Bruce Stein

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
2000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
02/19/2003

Full name of contributor out-of-state PAC(ID# _____)
Scott Atlas

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
04/29/2003

Full name of contributor out-of-state PAC(ID# _____)
Eugene M. Decker III

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
Mark McKinnon

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date: 05/15/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Mark Kaufman
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$): 35.00
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) **10** Employer (Optional)

Date: 06/05/2003
Full name of contributor out-of-state PAC(ID# _____)
John Walker
Contributor address; City; State; Zip Code

Amount of contribution (\$): 500.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 02/25/2003
Full name of contributor out-of-state PAC(ID# _____)
Terrell Oxford
Contributor address; City; State; Zip Code

Amount of contribution (\$): 1000.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 06/11/2003
Full name of contributor out-of-state PAC(ID# _____)
Mark Yzaguirre
Contributor address; City; State; Zip Code

Amount of contribution (\$): 250.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 04/21/2003
Full name of contributor out-of-state PAC(ID# _____)
Dem. Students Assoc. of S. Texas College of Law
Contributor address; City; State; Zip Code

Amount of contribution (\$): 35.00
In-kind contribution description (if applicable): Office Supplies

Principal occupation (Optional) Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William

H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date
03/17/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Courtney Sarofim

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
5000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Janice Hartrick

02/12/2003

Contributor address; City; State; Zip Code

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Lester Smith

04/07/2003

Contributor address; City; State; Zip Code

Amount of contribution (\$)
5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Ann E. Lyon

06/27/2003

Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC(ID# _____)
Jerry Yellen

04/18/2003

Contributor address; City; State; Zip Code

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date 03/25/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Betsy Schreiber
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$) 2000.00
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) 10 Employer (Optional)

Date 04/03/2003
Full name of contributor out-of-state PAC(ID# _____)
James Stephens
Contributor address; City; State; Zip Code

Amount of contribution (\$) 1000.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date 05/16/2003
Full name of contributor out-of-state PAC(ID# _____)
Richard W. McDugald
Contributor address; City; State; Zip Code

Amount of contribution (\$) 1500.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date 04/18/2003
Full name of contributor out-of-state PAC(ID# _____)
James L. Ketelsen
Contributor address; City; State; Zip Code

Amount of contribution (\$) 5000.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date 06/03/2003
Full name of contributor out-of-state PAC(ID# _____)
Michael Roell
Contributor address; City; State; Zip Code

Amount of contribution (\$) 10.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date: 05/05/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Todd Mitchell
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$): 4324.41
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) 10 Employer (Optional)

Date: 01/15/2003
Full name of contributor out-of-state PAC(ID# _____)
William H. White
Contributor address; City; State; Zip Code

Amount of contribution (\$): 50000.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 02/11/2003
Full name of contributor out-of-state PAC(ID# _____)
Rosanne Palacios
Contributor address; City; State; Zip Code

Amount of contribution (\$): 100.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 04/22/2003
Full name of contributor out-of-state PAC(ID# _____)
Dick Yale
Contributor address; City; State; Zip Code

Amount of contribution (\$): 2000.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 03/04/2003
Full name of contributor out-of-state PAC(ID# _____)
Marley Lott
Contributor address; City; State; Zip Code

Amount of contribution (\$): 5000.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 34/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 04/13/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Melanie Harrell | 7 Amount of contribution (\$) 10.00 | 8 In-kind contribution description (if applicable) Office Supplies |
| 6 Contributor address; City; State; Zip Code [REDACTED] | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 03/20/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Walsh | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/03/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rachel Dunlap | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/16/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Patrick H. McGarey | Amount of contribution (\$) 25.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Richard Carrell | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

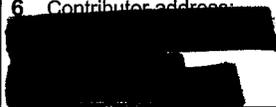
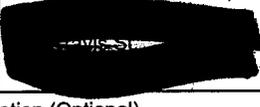
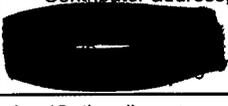
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 35/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 02/21/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dolph Briscoe 6 Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 5000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 05/06/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sandra Lee Shafto Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/30/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hai Du Duong Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/05/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Emmanuel C Isioga Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/25/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robin Gibbs Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 2500.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 36/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 02/11/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Daniel Goforth 6 Contributor address; City; State; Zip Code  | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 06/16/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Michael Dorman Contributor address; City; State; Zip Code  | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/26/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rodney Margolis Contributor address; City; State; Zip Code  | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/29/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Richard Leibman Contributor address; City; State; Zip Code  | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/27/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Leslie Reichel Field Contributor address; City; State; Zip Code  | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 37/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 03/04/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Franci Crane 6 Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 5000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 06/05/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fabian U. Okeke Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/27/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Shawn Raymond Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) E. Henry Grope III Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 50.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/12/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Steven L. Yates Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date: 04/22/2003
5 Full name of contributor: Brandon Boehm
 out-of-state PAC(ID# _____)
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
30.00

8 In-kind contribution description (if applicable)
Office Supplies

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 06/23/2003
Full name of contributor: Peter Barbara
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
324.00

In-kind contribution description (if applicable)
Food and beverages fr - om Ninfa's

Principal occupation (Optional)

Employer (Optional)

Date: 05/15/2003
Full name of contributor: George Biggs
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
10.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/29/2003
Full name of contributor: William H. White
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
14017.54

In-kind contribution description (if applicable)
April payroll and rent

Principal occupation (Optional)

Employer (Optional)

Date: 05/15/2003
Full name of contributor: Ceil Price
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
35.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME

Mr. William

White

3 ACCOUNT # (Ethics Commission filers)

C00000000

4 Date

03/27/2003

5 Full name of contributor

Jane McCord

out-of-state PAC(ID# _____)

Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

5000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/15/2003

Full name of contributor

Robert Harrell

out-of-state PAC(ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

3000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/13/2003

Full name of contributor

Sarah Darneille

out-of-state PAC(ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/02/2003

Full name of contributor

John Walsh, Jr.

out-of-state PAC(ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/28/2003

Full name of contributor

Ronald Robins

out-of-state PAC(ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
40/430

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date **5** Full name of contributor out-of-state PAC(ID# _____)
03/07/2003 Cathryn Rodd

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)
500.00

Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
05/19/2003 Dixie R. Picha

Amount of contribution (\$) In-kind contribution description (if applicable)
35.00

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
02/25/2003 Wheeler Simmons

Amount of contribution (\$) In-kind contribution description (if applicable)
5000.00

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
03/31/2003 Taso Kalapoutis

Amount of contribution (\$) In-kind contribution description (if applicable)
5000.00

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
03/21/2003 J. W. Stewart

Amount of contribution (\$) In-kind contribution description (if applicable)
5000.00

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS COH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date: 03/13/2003
5 Full name of contributor: Alan Stein
 out-of-state PAC(ID# _____)
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$): 2000.00
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) 10 Employer (Optional)

Date: 06/20/2003
Full name of contributor: Paul Stallings
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$): 50.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 03/31/2003
Full name of contributor: Shane Coppola
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$): 5000.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 04/23/2003
Full name of contributor: Robert C. Hewell
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$): 1000.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 03/31/2003
Full name of contributor: Michelle Coppola
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$): 5000.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 42/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 04/29/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thomas P. Kenney 6 Contributor address; City; State; Zip Code [REDACTED] | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 05/23/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Monroe Carell, Jr. Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/16/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Roy L. Markum Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/25/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hally Carver Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 711.00 | In-kind contribution description (if applicable) Food,wine,hired help |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 03/07/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Neal Manne Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date: 06/30/2003
5 Full name of contributor out-of-state PAC(ID# _____)
Bette Thomas
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$): 2500.00
8 In-kind contribution description (if applicable)

9 Principal occupation (Optional) 10 Employer (Optional)

Date: 03/21/2003
Full name of contributor out-of-state PAC(ID# _____)
William H. White
Contributor address; City; State; Zip Code

Amount of contribution (\$): 515.90
In-kind contribution description (if applicable): Meals/fundraising

Principal occupation (Optional) Employer (Optional)

Date: 05/15/2003
Full name of contributor out-of-state PAC(ID# _____)
Rose A. Salas
Contributor address; City; State; Zip Code

Amount of contribution (\$): 35.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 05/15/2003
Full name of contributor out-of-state PAC(ID# _____)
John Perez
Contributor address; City; State; Zip Code

Amount of contribution (\$): 20.00
In-kind contribution description (if applicable)

Principal occupation (Optional) Employer (Optional)

Date: 03/27/2003
Full name of contributor out-of-state PAC(ID# _____)
Dunham F. Jewett
Contributor address; City; State; Zip Code

Amount of contribution (\$): 937.36
In-kind contribution description (if applicable): Party for Bill White

Principal occupation (Optional) Employer (Optional)

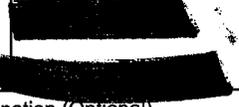
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 44/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 05/15/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mike Petrizzo | 7 Amount of contribution (\$) 250.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code [REDACTED] | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 03/07/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lucien Flournoy | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/16/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pierre F. Haas | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 03/31/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John L. Wortham & Son | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/05/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mary Dillon McGee | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

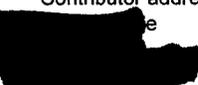
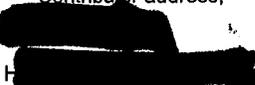
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 46/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 05/14/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joanne Girdlestone 6 Contributor address; City; State; Zip Code  | 7 Amount of contribution (\$) 20.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 05/12/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Marion K. Barthelme Contributor address; City; State; Zip Code  | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 02/25/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jeff Seely Contributor address; City; State; Zip Code  | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/12/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Edmund Cogburn Contributor address; City; State; Zip Code  | Amount of contribution (\$) 2000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/09/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Max Levit Contributor address; City; State; Zip Code  | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

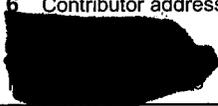
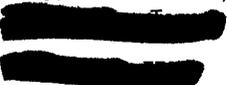
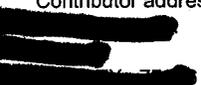
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 47/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 03/13/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pat Bromley | 7 Amount of contribution (\$) 5000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code  | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Billie Kelly | Amount of contribution (\$) 35.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/22/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Loretta Wiggins | Amount of contribution (\$) 20.00 | In-kind contribution description (if applicable) Office Supplies |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/23/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jan Rich | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/23/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Mitcham | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 48/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 06/13/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bradley N. Howell | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code  | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 06/02/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kenneth Franzheim II | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gary Teixeira | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) Invitations and Stamps |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/22/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Donald Fogel | Amount of contribution (\$) 2500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Edith Reed | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code  | | | |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 49/430 | |
| 2 FILER NAME Mr. William H. White | | 3 ACCOUNT # (Ethics Commission filers) C00000000 | |
| 4 Date 04/04/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) J. David Grizzle | 7 Amount of contribution (\$) 5000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code [REDACTED] | | | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 02/11/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carol Goforth | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 05/30/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) B.J. Walter, Jr. | Amount of contribution (\$) 200.00 | In-kind contribution description (if applicable) Food and beverages |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 04/22/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Monica Delarosa | Amount of contribution (\$) 10.00 | In-kind contribution description (if applicable) Office Supplies |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 06/04/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Herman E. Detering III | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] | | | |
| Principal occupation (Optional) | | Employer (Optional) | |