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

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: William MI: H. NICKNAME: Bill LAST: White SUFFIX:
4 ORIGINAL REPORT TYPE	[ ] January 15 [ ] Runoff [ ] Other (specify) [ ] July 15 [ ] Exceeded $500 limit [ ] 30th day before election [ ] 15th day after treasurer appointment (officeholder only) [X] 8th day before election [ ] Final report
5 ORIGINAL PERIOD COVERED	Month Day Year: 9 / 26 / 2003 THROUGH Month Day Year: 10 / 24 / 2003
6 EXPLANATION OF CORRECTION	We are supplementing Schedule A and F to provide the addresses of one contributor and three payees whose addresses were inadvertently omitted from the original report.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED MAR 23 2005 CITY SECRETARY

Receipt # Amount

Legal Total

Date Processed

Date Imaged

7 AFFIDAVIT

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

Bill White

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by William H. White this the 23rd day of March, 2005.

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

Louise Van Vleck

Signature of officer administering oath

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

Printed name of officer administering oath

Title of officer administering oath

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

Revised 02/04/2004

Printed on recycled paper

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME: William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/6/2003	Chris Richardson 6 Contributor address; City; State; Zip Code [redacted] Houston, Texas 77057	1000.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/2003	Love United 11255 Eastex Freeway Houston, Texas 77093	2000.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/2/2003	VEP Consulting P.O. Box 2134 Stafford, Texas 77497	3000.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/15/2003	Linda Gamble 1306 Homer Houston, Texas 77040	878.80

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED