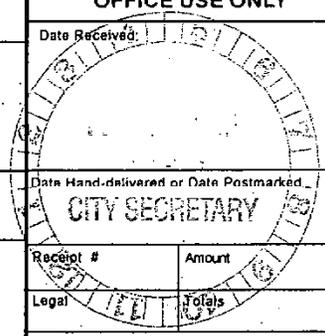


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #	2 Total pages filed: <p style="text-align: center;">14</p>	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> NICKNAME: <u>Bill</u> FIRST: <u>William</u> LAST: <u>White</u> MI: <u>H.</u> SUFFIX:	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify) _____	
5 ORIGINAL PERIOD COVERED	Month / Day / Year: <u>09 / 26 / 03</u> THROUGH <u>10 / 24 / 03</u> Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount _____ Legal _____ Totals _____ Date Processed _____ Date Imaged _____	
6 EXPLANATION OF CORRECTION		

See attached.

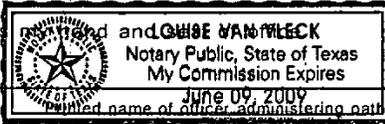
7 AFFIDAVIT	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: <input checked="" type="checkbox"/> I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.
--------------------	--

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by William H. White this the 15th day of December

20 03 to certify which, witness



Signature of officer administering oath

Title of officer administering oath

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

**EXPLANATION OF CORRECTION FOR 2003 8TH DAY
BEFORE ELECTION REPORT**

The political expenditures on the attached pages were all incurred by individuals who purchased goods or services with their own personal funds for the use of the campaign and were reimbursed by the campaign for those expenses. The payee on the expenses was originally reported as the individual actually incurring the expense, and the Purpose of Payment stated the good or service for which the person was obtaining reimbursement. The date of the expense originally reported was the date the campaign reimbursed the individual incurring the expense, which, in all cases addressed herein, was after October 24, 2003—the end of the reporting period covered by this report. These expenditures were therefore originally reported in the manner described above on either (1) the 2003 Runoff Report (if the reimbursement was provided between October 25, 2003 and November 26, 2003) or (2) the January 15, 2004 report (if the reimbursement was provided between November 27, 2003 and December 31, 2003).

We are supplementing Schedule F to state the name and address of the person or entity from whom the originally reported payee purchased the goods or services. The originally reported payee is now identified in the Purpose of Payment section, which continues to describe the payment as a reimbursement. Where our records establish that the individual purchasing goods or services for the campaign incurred the expense on a date prior to reimbursement, the date of expenditure has been changed from the date of reimbursement to the date the individual incurred the expense.

The reimbursements that the campaign provided to individuals for expenses incurred during this reporting period for the benefit of the campaign include reimbursements totaling \$379.24 for expenses as to which the total amount paid to the particular payee during the reporting period is less than \$50. Accordingly, Total Expenditures of \$50 or Less increase from \$0 to \$379.24.

Because we are supplementing Schedule F of this report to include expenditures that were previously reported as reimbursement expenditures in reports for subsequent reporting periods, Total Expenditures for this reporting period increase from \$1,064,356.62 to \$1,071,231.21.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 12
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/21/03	5 Payee name Shell	7 Amount (\$) \$22.41
6 Payee address; City; State; Zip Code 10230 East Freeway Houston, TX 77029		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Amanda Chavez for gas.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/23/03	Payee name Shell	Amount (\$) \$39.55
Payee address; City; State; Zip Code 10230 East Freeway Houston, TX 77029		
Purpose of payment (See instructions regarding type of information required.) Reimburse Amanda Chavez for gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/17/03	Payee name City of Houston	Amount (\$) \$37.89
Payee address; City; State; Zip Code P.O. Box 1562 Houston, TX 77251		
Purpose of payment (See instructions regarding type of information required.) Reimburse Richard Lapin for City budget book.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/17/03	Payee name City of Houston	Amount (\$) \$54.13
Payee address; City; State; Zip Code P.O. Box 1562 Houston, TX 77251		
Purpose of payment (See instructions regarding type of information required.) Reimburse Richard Lapin for parking expense.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 12	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/11/03	5 Payee name Domino's Pizza	7 Amount (\$) \$136.11	
6 Payee address; City; State; Zip Code 12649 Memorial Drive Houston, TX 77024			
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - food.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/01/03	Payee name HEB	Amount (\$) \$100.12	
Payee address; City; State; Zip Code 2660 Fountainview Drive Houston, TX 77057			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - food.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/22/03	Payee name Homestead Village	Amount (\$) \$127.96	
Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - lodging.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/14/03	Payee name Homestead Village	Amount (\$) \$142.38	
Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - lodging.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	

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POLITICAL EXPENDITURES		SCHEDULE F	
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 12	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/17/03	5 Payee name Homestead Village	7 Amount (\$) \$351.43	
6 Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027			
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – lodging.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/22/03	Payee name Homestead Village	Amount (\$) \$127.96	
Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – lodging.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/6/03	Payee name Homestead Village	Amount (\$) \$58.49	
Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – lodging.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/04/03	Payee name Homestead Village	Amount (\$) \$175.47	
Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – lodging.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. **1** Total pages Schedule F:
12

2 FILER NAME **William H. White** **3** ACCOUNT # (Ethics Commission filers)

4 Date 10/03/03	5 Payee name Homestead Village	7 Amount (\$) \$58.49
6 Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027		

8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – lodging.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 10/06/03	Payee name Homestead Village	Amount (\$) \$409.93
Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027		

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – lodging.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 10/02/03	Payee name Homestead Village	Amount (\$) \$58.49
Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027		

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – lodging.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 09/29/03	Payee name Homestead Village	Amount (\$) \$450.96
Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027		

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – lodging.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. **1** Total pages Schedule F: **12**

2 FILER NAME **William H. White** **3** ACCOUNT # (Ethics Commission filers)

4 Date 10/01/03	5 Payee name Homestead Village	7 Amount (\$) \$116.98
	6 Payee address; City, State, Zip Code 2300 W. Loop, S. Houston, TX 77027	

8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – lodging.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 09/27/03	Payee name Homestead Village	Amount (\$) \$58.49
	Payee address; City, State, Zip Code 2300 W. Loop, S. Houston, TX 77027	

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – lodging.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 10/17/03	Payee name Kinko's	Amount (\$) \$282.73
	Payee address; City, State, Zip Code 2455 Rice Blvd. Houston, TX 77005	

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – copies.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 10/24/03	Payee name Kinko's	Amount (\$) \$284.35
	Payee address; City, State, Zip Code 2455 Rice Blvd. Houston, TX 77005	

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – copies.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **12**

2 FILER NAME
William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/06/03	5 Payee name Kroger	7 Amount (\$) \$110.57
6 Payee address; City; State; Zip Code 5150 Buffalo Speedway Houston, TX 77005		

8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 10/09/03	Payee name Kroger	Amount (\$) \$18.68
Payee address; City; State; Zip Code 5150 Buffalo Speedway Houston, TX 77005		

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 10/04/03	Payee name Office Depot	Amount (\$) \$57.52
Payee address; City; State; Zip Code 7519 Westheimer Road. Houston, TX 77063		

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for office supplies.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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Date 10/02/03	Payee name Office Depot	Amount (\$) \$199.69
Payee address; City; State; Zip Code 3443 Kirby Drive Houston, TX 77098		

Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for office supplies.	** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 12
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/19/03	5 Payee name Papa John's Pizza	7 Amount (\$) \$134.20
6 Payee address; City; State; Zip Code 7939 Katy Freeway Houston, TX 77024		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – food.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 09/26/03	Payee name Randall's	Amount (\$) \$78.49
Payee address; City; State; Zip Code 5161 San Felipe Houston, TX 77056		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/23/03	Payee name Randall's	Amount (\$) \$186.36
Payee address; City; State; Zip Code 5161 San Felipe Houston, TX 77056		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 09/27/03	Payee name Shell	Amount (\$) \$23.23
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 12	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/16/03	5 Payee name Shell	7 Amount (\$) \$20.05	
6 Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024			
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/24/03	Payee name Shell	Amount (\$) \$22.50	
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/18/03	Payee name Shell	Amount (\$) \$16.00	
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/19/03	Payee name Shell	Amount (\$) \$10.00	
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 12
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/18/03	5 Payee name Shell	7 Amount (\$) \$10.59
6 Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/19/03	Payee name Shell	Amount (\$) \$9.34
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/09/03	Payee name Shell	Amount (\$) \$12.00
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/15/03	Payee name Shell	Amount (\$) \$163.89
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024		
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 12	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/06/03	5 Payee name Shell	7 Amount (\$) \$16.67	
6 Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024			
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – gas.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/09/03	Payee name Subway	Amount (\$) \$151.55	
Payee address; City; State; Zip Code 3518 S. Shepherd Houston, TX 77098			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – food.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/24/03	Payee name Wal-Mart	Amount (\$) \$24.36	
Payee address; City; State; Zip Code 2727 Dunvale Houston, TX 77063			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 09/27/03	Payee name Wal-Mart	Amount (\$) \$103.96	
Payee address; City; State; Zip Code 2727 Dunvale Houston, TX 77063			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 12	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/24/03	5 Payee name Wal-Mart	7 Amount (\$) \$24.36	
6 Payee address; City; State; Zip Code 2727 Dunvale Houston, TX 77063			
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 09/29/03	Payee name Shell	Amount (\$) \$11.41	
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/24/03	Payee name Sam's-Club	Amount (\$) \$54.50	
Payee address; City; State; Zip Code 5310 South Rice Avenue Houston, TX 77081			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 10/22/03	Payee name Worldwide Operating, Inc.	Amount (\$) \$200.00	
Payee address; City; State; Zip Code 16031 East Freeway Channelview, TX 77530			
Purpose of payment (See instructions regarding type of information required.) Reimburse Bette John for health insurance.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 12
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/11/03	5 Payee name Sam's Club ----- 6 Payee address; City; State; Zip Code 5310 South Rice Avenue Houston, TX 77081	7 Amount (\$) \$16.11
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/24/03	Payee name Family Café ----- Payee address; City; State; Zip Code 2712 Blodgett Houston, TX 77004	Amount (\$) \$1,725.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Bill White for campaign luncheon.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder 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 / Office holder 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 / Office holder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED