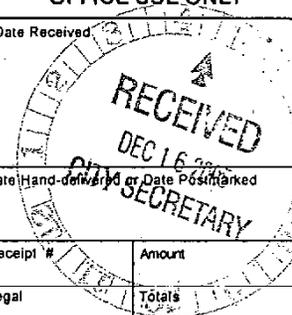


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #	2 Total pages filed: <p style="text-align: center; font-size: 1.2em;">6</p>	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: William MI: H.	Date Received
	NICKNAME: Bill LAST: White SUFFIX:	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked
	<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit	Receipt # Amount
	<input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Legal Totals
	<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Date Processed
5 ORIGINAL PERIOD COVERED	Month / Day / Year: 07 / 01 / 03 THROUGH 09 / 25 / 03	Date Imaged

6 EXPLANATION OF CORRECTION

See attached.

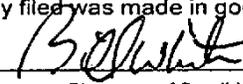
7 AFFIDAVIT

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

Check ONLY if applicable:

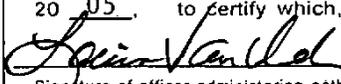
I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

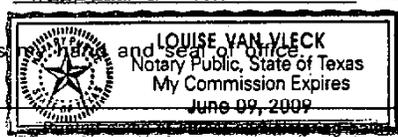


Signature of Candidate or Officeholder

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

20 05 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 30TH 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 between October 25, 2003 and December 31, 2003—after the end of the reporting period covered by this report. These expenditures were 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 \$85.39 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 \$85.39.

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 \$3,394,163.71 to \$3,397,487.38.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/14/03	5 Payee name St. Joseph Hospital	7 Amount (\$) \$188.00
6 Payee address; City; State; Zip Code P.O. Box 4928 Houston, TX 77210		
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Amanda Ramon for medical care.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 09/15/03	Payee name Homestead Village	Amount (\$) \$242.46
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 09/22/03	Payee name Homestead Village	Amount (\$) \$78.41
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 09/23/03	Payee name Homestead Village	Amount (\$) \$233.96
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

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: 4
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/03/03	5 Payee name Homestead Village ----- 6 Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027	7 Amount (\$) \$58.49
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 09/04/03	Payee name Homestead Village ----- Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027	Amount (\$) \$409.43
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 09/12/03	Payee name Homestead Village ----- Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027	Amount (\$) \$147.96
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 09/02/03	Payee name Homestead Village ----- Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027	Amount (\$) \$233.96
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: 4
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/15/03	5 Payee name Shell ----- 6 Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024	7 Amount (\$) \$3.24
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 09/15/03	Payee name Shell ----- Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024	Amount (\$) \$19.52
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 09/19/03	Payee name Shell ----- Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024	Amount (\$) \$7.80
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 09/23/03	Payee name Shell ----- Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024	Amount (\$) \$34.14
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
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: 4
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/08/03	5 Payee name Wal-Mart	7 Amount (\$) \$228.01
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 09/17/03	Payee name Wal-Mart	Amount (\$) \$218.96
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
Date 08/30/03	Payee name Wal-Mart	Amount (\$) \$148.32
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 09/12/03	Payee name Avalon Stationery & Gifts	Amount (\$) \$985.62
Payee address; City; State; Zip Code 2604 Westheimer Houston, TX 77098		
Purpose of payment (See instructions regarding type of information required.) Reimburse Andrea White for campaign stationery.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		