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

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)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED OCT 27 2003 CITY SECRETARY

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. FIRST: William MI: H.
NICKNAME: Bill, LAST: White SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
720 North Post Oak Road
4th Floor
Houston, Texas 77024

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(713) 659-9000

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr. FIRST: Matt MI:
NICKNAME: LAST: Simmons SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
700 Louisiana Suite 5000 Houston TX 77002

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(713) 236-9999

9 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 9/26/2003 THROUGH Month Day Year: 10/24/2003

11 ELECTION
ELECTION DATE Month Day Year: 11/4/2003
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE
OFFICE HELD (if any):
13 OFFICE SOUGHT (if known): Mayor, City of Houston

14 NOTICE OF 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
☐ additional pages

GO TO PAGE 2

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ —
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 918,367.72
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,084,356.62
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 122,372.93
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —

19 AFFIDAVIT

PAMELA F. ROSENAUER
Notary Public
State of Texas
Commission Exp. 6/8/2006

AFFIX NOTARY STAMP / SEAL ABOVE

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 27th day of October, 20 03, to certify which, witness my hand and seal of office.

Pamela F. Rosenauer — Signature of officer administering oath
Pamela F. Rosenauer — Printed name of officer administering oath
Notary Public — Title of officer administering oath

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

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: 3/290

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#_____) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	1.com/re Limited Partnership [redacted]	250.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Martin H. Aaron [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/03/2003	Katherine A. Abba [redacted]	200.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Greg A. Adesanya [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Dr. Adebayo Adesomo [redacted]	200.00	

Principal occupation (Optional)
Employer (Optional)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/07/2003	Martha Adger [redacted]	100.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Miguel Aguirre [redacted]	50.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Jay Ahuja [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/18/2003	Philip Aitsebaomo O.d. [redacted]	1635.00	Rally expenses

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Al Torres [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 5/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/08/2003	Mossy Alavi [redacted]	334.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Willie Alexander [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Laurie Allen [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Tom P. Allen [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Horace C. Allison, Jr. [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/06/2003	Ruth Alpert [redacted]	25.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Maureen Alsup [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Uchenna Amakwe [redacted]	200.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Andrea Young [redacted]	60.00	Meals

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/2003	Andrew Tran [redacted]	50.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/06/2003	Dariush Ansari [redacted]	1000.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	William M. Arnold [redacted]	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Ashraful Islam [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Susan Askanase [redacted]	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Ms. Lina Asmar [redacted]	80.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 8/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/08/2003	M. Athari M.D.,P.A. / [redacted]	1000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Alan J. Atkinson / [redacted]	2500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Nathan M. Avery / [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/29/2003	Azizuddin Madhani / [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/28/2003	Scott Bage / [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 9/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/12/2003	Jennifer M. Bailey [redacted]	25.00	Fee for Braeswood dog show

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Robert W. Bailey [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Laura E. Ball [redacted]	2000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Iris Lytle Ballew [redacted]	50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Samuel A. Banigo [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/07/2003	Sam L. Banks [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Barbara Barnes [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Sylvia Barnes [redacted]	20.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Robert W. Barnett [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Shanna Crawford Barnstone [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 11/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	J. M. Barrash [redacted]	500.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Barry Palmer [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Barry Palmer [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Jurgen Bartholomai [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Christiane S. Baxter [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/23/2003	Gregory Moore Baxter [redacted]	2500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Ellanor A. Beard [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Emmette Beauchamp [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Toni Beauchamp [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Gary D. Becker [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Susan G. Becker [redacted]	5000.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Thomas S. Bell [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Laura D. Bellows [redacted]	5000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Lloyd Bentsen [redacted]	2000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out of state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In kind contribution description (if applicable)
10/13/2003	Senator Lloyd M. Bentsen [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 14/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Nancy T. Beren [redacted]	500.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Ken Berg [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Anne Layne Bergeron [redacted]	5000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Christopher J. Bergmann [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Arthur S. Berner [redacted]	250.00	

Principal occupation (Optional) | Employer (Optional)

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

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: 15/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/13/2003	Alice May Berthelsen [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Marilyn F. Berzeny [redacted]	10.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Laura Bhatia [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Paresh Bhatt [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Kathy Bingham [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this report: 16/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24/2003	Kim Elizabeth Bingham [redacted]	75.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	John O. Bishop [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Allen D. Black [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Bob Black [redacted]	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	John Milton Black [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this report: 17/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/2003	Michael Blasdel [redacted]	1500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Robert B. Bledsoe [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Mrs. Janie Blitch [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Linda Block [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Richard E. Blohm [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 18/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/03/2003	Julian F. Boddy [redacted]	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Ben Bohannon [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Marc W. Boots [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Hilary C. Borow [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Elliott Morton Bossin [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/30/2003	W. J. Bowen [redacted]	1000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Roger D. Bowler [redacted]	1250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Rosalyn C. Boyd [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Charles N. Bracht [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Adam Brackman [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/03/2003	Carolyn B. Brady [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Peter Brehm [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Robert L. Brewton [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	J. Downey Bridgewater [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Janet Gurwitch Bristow [redacted]	2500.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	John B. Brock [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Richard Brody [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Travis C. Broesche [redacted]	300.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Candace M. Brooks [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Karen A. Brooks [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 22/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/23/2003	Harrison T. Brundage [redacted]	15.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Harrison T. Brundage [redacted]	10.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Harrison T. Brundage [redacted]	20.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Melinda H. Brunger [redacted]	350.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Christina A. Bryan [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this report: 23/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	C. A. Burnett [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	William F. Burnett [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	S. B. Burns [redacted]	3000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/28/2003	Mary P. Burrus [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	John H. Busbee [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this report: 24/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/28/2003	Pablo Bustamante [redacted]	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Herb Butrum [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Colleen Butterfield [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Rick B. Cagney, Jr. [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Elaine Loiselle Calaway [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this report: 25/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24/2003	Charles F. Caldwell [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Larry Campagna [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Ann Carell [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Monroe Carell, Jr. [redacted]	4000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Mary Carey [redacted]	25.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 26/290

2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24/2003	Carmona's Festival [redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	J. V. Carr, Jr. [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Loren Carroll [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Stephen Carroll [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Robert E. Carrow [redacted]	10.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/09/2003	Patricia L. Casey [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Edward C. Cazier III [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Grayson R. Cecil [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Rebecca Anne Cerno [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	M. H. Cersonsky [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Troy D. Chandler [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	David Ting Jui Chang [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Helen Chang [redacted]	4925.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Dr. Nancy T. Chang [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Betty T. Chapman [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/06/2003	Erminie Chapman [redacted]	100.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Regina Sue Cherry [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Lois C. Chiles [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Chue Huang Chiu [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Ming Hsueh Chou [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

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

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: 30/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/30/2003	Citizens For Joe Kennedy [redacted]	2000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Charles E. Clark [redacted]	50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Don K. Clark [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Key Clark [redacted]	3.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Vivian M. Clark [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 31/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/09/2003	Bernard F. Clark, Jr. / [redacted]	1000.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	John U. Clarke / [redacted]	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Lynn Clayton / [redacted]	5000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Steve Clayton / [redacted]	5000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Cindy Clifford / [redacted]	1500.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/30/2003	Dr. Guy L. Clifton [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Ralph Clinard [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	CLR/PAC [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Ray Clymer, Jr. [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	William M. Coats [redacted]	2377.72	Caterer,invitations,suppl - ies
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	William M. Coats [redacted]	1000.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Suzanne Cobarruvias [redacted]	20.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Elizabeth Coker [redacted]	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Gertrude Companion [redacted]	25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Lynn M. Coneway [redacted]	5000.00	

Principal occupation (Optional) | Employer (Optional)

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/2003	Thomas Conner [redacted]	2500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Julie Cohn Connor [redacted]	50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	William P. Connor [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Cook & Roach,L.L.P. [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Dale E. Cook [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/23/2003	Marchita Cook [redacted] S[redacted]	4000.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Billy Cooke [redacted]	1500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Michael H. Cooper [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Victoria Corcoran [redacted] H[redacted]	200.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Carolyn O. Cordill [redacted] H[redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Veronica Coronado [redacted]	25.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Paul Cottage [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Tony L. Council [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Delia C. Cowles [redacted]	25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Cedric Cox [redacted]	35.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/2003	Eugene Cragg [redacted]	25.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Alymer K. Crow, Jr. [redacted]	50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	James W. Crownover [redacted]	3000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Lolita O. Cuevas [redacted]	50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Robert Curl [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/21/2003	Curtis Landry [redacted]	150.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Joe Hale Cutbirth [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Mary Daniel [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/04/2003	Darcy Mackey [redacted]	777.25	Food for fundraiser

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Lachhman Das [redacted]	51.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/2003	John A. Daugherty, Jr. / [redacted]	1000.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Chandler Davidson / [redacted]	50.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Carolyn D. Davis / [redacted]	5000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	David Davis / [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Larry S. Davis / [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 40/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24/2003	Michael C. Dawson [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Barbara Day [redacted]	1640.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Soodabeh T. Dayyani [redacted]	300.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Brenda Dealy [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/2003	John R. Deboben [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24/2003	William T. Dehn [redacted] [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	George D. Delforge [redacted] [redacted]	3000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Dr. Alexander Dell [redacted] [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Azar I. Delpassand [redacted] [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Patricia Denson [redacted] [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	C. Rashmi Desai [redacted]	125.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Gitesh J. Desai [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Nathan Desai [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Stephanie Donaho [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	George Donnelly [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Tyrone P. Dorian [redacted]	500.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Aralee Dorough [redacted]	50.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/03/2003	Doug Dawson [redacted]	150.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Melvin Dow [redacted]	1500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	George Dowlen [redacted]	200.00	

Principal occupation (Optional)
Employer (Optional)

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

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: 44/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/2003	James Doyle, Jr. [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Jack Drake [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Khaldoun Drooby [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	James Dunlap [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Gary Dunnam [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 45/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/30/2003	Thomas Dunning [redacted]	2500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	David Durham [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/2003	Mary L. Eads [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/28/2003	Ali Ebrahimi [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	James Edwards [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/07/2003	Susan Mccready Edwards [redacted]	50.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Augustine O. Egbunike [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Michael Eheman [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	John R. Eldridge [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/26/2003	Thelma Elizalde [redacted]	25.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/16/2003	Jonathan H. Elkind [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Dennis W. Elmore [redacted]	1250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Katy Emde [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Sally Emde [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Carl Estes II [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/08/2003	Abbas Etminan [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Norma Fair [redacted]	50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Gary Falle [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Richard E. Fant [redacted]	2500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Frances Farenthold [redacted]	50.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24/2003	Peter Farha M.D. 6 Contributor address; City; State; Zip Code [redacted]	1500.00	Food and beverages
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Ms. Gail C. Faris Contributor address; City; State; Zip Code [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	William F. Fendley Contributor address; City; State; Zip Code [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	John T. Fenoglio Contributor address; City; State; Zip Code [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Patrice Ferguson Contributor address; City; State; Zip Code [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/06/2003	Kenton R. Fickes, Jr. / [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Jonathan S. Finger / [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Marvy Finger / [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Richard Finger / [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Frances S. Flanagan / [redacted]	50.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/2003	Ray Flannelly [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Dan Fleckman [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Inge- Ruth Fletcher [redacted]	10.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Araceli Flores [redacted]	2500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Henry Flores [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 52/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/30/2003	Margarita Flores [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Peter Fluor [redacted]	2500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Michael M. Fowler [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Michele R. Fraga [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Fredericka Hunter [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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C00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/2003	Donald Freedman [redacted]	5000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Reba Freedman [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Kelly Frels [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Robert R. Fretz, Jr. [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Morris Friedell [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Paula Friedlander [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Dr. Ann L. Friedman [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Claudia W. Frost [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Stephanie A. Funk [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Charles Fussell [redacted]	50.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 55/290

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#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/17/2003	Hanl Gabriel 6 Contributor address; City; State; Zip Code [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Jodie Gallagher Contributor address; City; State; Zip Code [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Michael Gallagher Contributor address; City; State; Zip Code [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Hector Garcia Contributor address; City; State; Zip Code [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Dennis Gardner Contributor address; City; State; Zip Code [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24/2003	David A. Garrett [redacted]	5000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Rosa A. Garrett [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/2003	Baldomero Garza [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Marilyn H. Garzon [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Stuart C. Gaylor [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Mr. George Gee [redacted]	1000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Julia Jeu Gee [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Le Van Giang [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/03/2003	Earnest Gibson III [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Katherine H. Gibson [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/17/2003	Toby J. Gilbert [redacted]	200.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Terry M. Giles [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	John H. Glasgow [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Joy F. Glass [redacted]	25.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Goddy Orgor [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/06/2003	Patricia Godley [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Rosalie Goldberg [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Barbara S. Goldfield [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Susie Golding [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Stephen H. Golub [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/21/2003	Edna I. Goodie [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Edna I. Goodie [redacted]	300.00	Food,beverages,utensil - s,coffee
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Steven R. Goodman [redacted] Ho[redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Susan Goodman [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Charles R. Gordon [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/2003	Jamie Gorelick [redacted] C[redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/2003	David Graham [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Grady Graham [redacted] H[redacted]	10.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Ray E. Green [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Alison Greene [redacted] H[redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24/2003	Sean Greenwood [redacted]	2500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Ruth Greiss [redacted]	50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	S. Tevis Grinstead [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Marc Grossberg [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Ramesh Gunda [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Ramesh Gunda [redacted]	500.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Kalpalatha K. Guntupalli [redacted]	150.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Subhash Gupta [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Rene Haas [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Wendy W. Habicht [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/21/2003	Maureen Hackett [redacted]	2500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Dunia C Haddad [redacted]	4000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Eric Hagstette [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Elizabeth H. Hale [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Daniel Hall [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/2003	James M. Hall [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Halliburton Company P.a.c. [redacted]	2500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Esther Hamberger [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Steven M. Hamilton Ii,M.d. [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Henry Hamman [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Joanna S. Handel [redacted]	250.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	William D. Hanna [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Russell Hardin, Jr. [redacted]	2000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	J. Robert Harris [redacted]	50.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Mrs. Pat L. Harris [redacted]	5000.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/17/2003	Geoffrey L. Harrison [redacted]	500.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	John S. Hartman [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Robert W. Harvey [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Haynes And Boone Political Action Committee [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Mr. Wendell Hearne [redacted]	25.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/13/2003	James E. Heath [redacted]	25.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Rachel Hecker [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/2003	Rodney R. Heisch [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Joe B. Henderson III [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Dennis Hendrix [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/01/2003	Barbara Henley [redacted]	500.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Ragna Henrichs [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Vernon G. Henry [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	William D. Henson [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Gussie Hester [redacted]	25.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/13/2003	Sharon Hurst Hibbert [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	David Hickey [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Leara Higginbotham [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Ms. Renee Higginbotham-Brooks [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Robert A. Hill [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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10/02/2003	Chris J. Hlavinka [redacted]	500.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Giao N. Hoang M.D.,P.L.L.C. [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Lich T. Hoang [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Janet Hobby [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Blanchard Hollins [redacted]	40.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/13/2003	Linda Honeycutt [redacted]	200.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Henry W. Hope [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Janis M. Hopson [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Douglas Horn [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Houston AGC Political Action Committee [redacted]	1000.00	Invitations for fundraisi - ng party

Principal occupation (Optional)
Employer (Optional)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Houston Associated General Contractors Pac [redacted]	1500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Donald L. Howell [redacted]	2000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	George M. Hricik [redacted]	300.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Minh C. Hua [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Chun Fang Huang [redacted] S[redacted]	1500.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/28/2003	James K.H. Huang [redacted]	3000.00	Food and beverages

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Patricia P. Hubbard [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	C. M. Hudspeth [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Vicki Huff [redacted]	25.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Scott Hunsaker [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/2003	Dana De Ann Hurt [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
09/28/2003	Madeleine Callery Hussey [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
10/06/2003	Marjorie C. Hutcheson [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
10/22/2003	Andy Hai Huynh [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	
10/22/2003	Cathy Huynh [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/07/2003	P. E. Ilavia [redacted]	50.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	International Union Of Operating Engineers Local Union 450 Operate PAC [redacted]	3000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	J.O. Efron Separate Property [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Dr. Diane Jackson [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Richard H. Jackson [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/08/2003	Korsh Jafarina [redacted]	300.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	James Boone [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Stephen James [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Mary T. Janicke [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Samuel Jarrett, Jr. [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/09/2003	Jerry Jasinowski [redacted]	500.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	W.B. Jeffcoat [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Catherine D. Jefferson [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Dunham F. Jewett [redacted]	99.00	Software purchase

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Mr. & Mrs. Walter E. Johnson [redacted]	5000.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/17/2003	Dennis N. Johnston [redacted]	200.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Henrietta Smith Jones [redacted]	50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	James Robert Jones [redacted]	300.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Mr. Nelson M. Jones Iii [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Robert Jozwiak, Sr. [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/16/2003	Mr. Michael Kahn [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Jaya Kalaga [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Ravi Kaleyatodi [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Jake Kamin [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Jack L. Kaminsky [redacted]	10.00	
Principal occupation (Optional)		Employer (Optional)	

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Jerome C. Kaplan [redacted]	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Lee Kaplan [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Lee Kaplan [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Teddy M. Kapur [redacted]	75.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Kari L. Herrera [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Mr. & Mrs. Walter Kase [redacted]	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Susan H. Keefe [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Sam Keeper [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Richard P. Keeton [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Susan Keeton [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/30/2003	Marguerite Mci Kelly [redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Peter M. Kelly [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Helen Hill Kempner [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	I. H. Kempner III [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Melanie Kenderdine [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/16/2003	Kathryn Ketelsen [redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Eric Khan [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Vincent D. Kickerillo [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Dianne Killday [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Anne Lamkin Kinder [redacted]	180.00	Food and beverages
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/13/2003	Harry D. Kirk [redacted]	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	John Kirksey [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/2003	David H. Knapp [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	David H. Knapp [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	A. John Knapp, Jr. [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/21/2003	Peter Knight [redacted] [redacted]	500.00	

9 Principal occupation (Optional)

10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	William H. Knull [redacted]	1000.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Martin Koenig [redacted]	100.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/28/2003	Spiros Kollias [redacted]	250.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Shafiq Kombargi [redacted]	100.00	

Principal occupation (Optional)

Employer (Optional)

Revised 12/01/1999

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/2003	Jack Kopinsky [redacted]	20.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Hara P Kountaki [redacted]	50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Ali Kouros [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Shirley Kraft [redacted]	25.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Ronald Krist [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/01/2003	Jerome M. Kruszka [redacted] H[redacted]	250.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Labove's Family Meat Market [redacted] [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Phillip V. Ladin [redacted] [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Ronald M. Ladin [redacted] [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Mahin Ladjevardian [redacted] [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/08/2003	Neda Montamedy Ladjevardian [redacted]	5000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Reza Ladjevardian [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Sima Ladjevardian [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Virginia Lahourcade [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/2003	Dr. Genie Landon [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/06/2003	Ray J. Landry [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Lane Design Group,Ltd. [redacted]	2500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Bob Lanier [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Elyse Lanier [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Jack Lapin [redacted]	225.00	Valet parking and staff
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/21/2003	Jack Lapin [redacted]	500.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Belinda Large [redacted]	50.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Patricia Lasher [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Douglas L. Lawing [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Stephen H. Le [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/30/2003	George M. Lee [redacted]	1000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Ray Leiker [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Rosalie B. Leonard [redacted]	10.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Brooke Lerman [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Milton Levit [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/09/2003	Alene R. Levy [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/2003	Bruce M. Levy [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Mitchel A. Levy [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Robert L. Levy [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Stanley D. Levy [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/23/2003	Gregory G. Lewis [redacted]	150.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/28/2003	James Howard Lewis [redacted]	20.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Mary R. Lewis [redacted]	25.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Baiqi Li [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Xiulan Li [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/09/2003	Lynne Liberato [redacted]	250.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Scott Link [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Penny T. Linsenmayer [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Jianchao Liu [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Gina L. Liuzza [redacted]	50.00	

Principal occupation (Optional)	Employer (Optional)

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/2003	Steve Loden [redacted]	100.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Anne B. Loo [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Doris J. Looper [redacted]	5000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Terry Looper [redacted]	5000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Donze Lopez [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/23/2003	Martha Klein Lottman [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Sharon Lubel [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Rita Lucido [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Thom Van Luong [redacted]	25.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Michelle Lyn M.d. [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Cora Sue Mach [redacted]	250.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Lorinda B. Madison [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	J. Patrick Magill [redacted]	25.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Nancy Mai D.D.S. [redacted]	5000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Stephen D. Maislin [redacted]	50.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/2003	Marcelene Malloy [redacted]	2000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Pat Maloney, Sr. [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Shannon S. Mann [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Lester A. Marks [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Edgar J. Marston III [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Claire P. Martin [redacted]	150.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Earle Martin [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Raj Mashruwala [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Jane R. Mason [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Gabriel Matta [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

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10/10/2003	Sharon Mattox [redacted]	1000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Nancy Mauderson [redacted]	2377.71	Caterer,invitations and - supplies

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Karen B. Mayell [redacted]	2000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Karen B. Mayell [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Eric Mayer [redacted]	1500.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/28/2003	Leroy J. Mazac [redacted]	25.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
10/20/2003	George M. McAfee [redacted]	25.00	
Principal occupation (Optional)		Employer (Optional)	
10/16/2003	Barbara McGinity [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
10/21/2003	Kevin McGinnis [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
10/09/2003	Juanita J. McGinty [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/2003	Nancy McGregor [redacted] H[redacted]	5000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Edward D. Mcgruder [redacted]	1250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	David S. McKeehan [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Laura Clyburn McWilliams [redacted] H[redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/03/2003	Joyce K. Medlin [redacted]	750.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	B. J. Mehta [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Carlos R. Menendez [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Daniel R. Menendez [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Gary Mercer [redacted]	3660.00	Food,staff,beverages,e - quipment
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Gerald Merfish [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/09/2003	Bruce Merwin [redacted]	360.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Eunice H. Meyer [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Harris Miller [redacted]	25.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Janie Miller [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Michele O. Miller [redacted]	750.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/2003	Phyllis Miller [redacted]	100.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Steven L. Miller [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Minh Pam [redacted]	15.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/19/2003	Bill Mintz [redacted]	110.00	Invitations,stamps,food & drinks

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Zeineba Mohammed [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/2003	Chas C. Montandon AFLM [redacted]	100.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/28/2003	Morgan K. Moody [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	George R. Moody, Jr. [redacted]	50.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Jay Moore [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Glenny B. Morgan [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/07/2003	Ronnie Morgan [redacted]	1000.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Steven G. Morgen [redacted]	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	John A. Moritz [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Booker T. Morris Iii [redacted]	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	William W. Morris [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Lucian L. Morrison [redacted]	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Mary Morrison [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	W. Norris Moseley [redacted]	2500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	John A. Mouer [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Moustafa F. Moukarim [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Mr. Robert Schneider [redacted]	25.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Jerry V. Mutchler [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Rev. James Nash [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Terrylin G. Neale [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Leon Neikin [redacted]	4476.14	Food,beverages,invitati - ons

Principal occupation (Optional) | Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24/2003	Robert S. Nelson [redacted]	50.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Joan Neuhaus [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Mandy Ngo [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Christine Nguyen [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Diep Thi Nguyen [redacted]	150.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24/2003	Thanh Van Nguyen [redacted]	100.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Tung An Pham Nguyen [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Robert M. Nimocks Iii [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Dan Nip [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Kurt D. Nondorf [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/08/2003	Oscar Nosrati [redacted]	333.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Stephen A. Nwajagu [redacted]	25.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Lois M. O'Connor [redacted]	25.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Mike O'Connor [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Carl W. Ogden [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/13/2003	Blanca O'Leary [redacted]	200.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Blanca O'Leary [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Daniel D. Organ [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Austin O'Toole [redacted]	20.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Austin O'Toole [redacted]	40.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/03/2003	Terrell W. Oxford [redacted]	250.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Dana Padgett [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	John Chung-Ying Pai [redacted]	5000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	David Paine [redacted]	10.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Jim A. Palavan P.E. [redacted]	2000.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/21/2003	Ernest M. Palla [redacted]	1000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Christopher P. Papouras [redacted]	2500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Emile T. Pappas [redacted]	25.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Charles R. Parker [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Risa Parker [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Parsons Brinckerhoff,Inc. Pac [redacted]	3000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Gus Parvizian [redacted]	2000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Kennon Pavona [redacted]	25.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Ardath Payne [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Kathy F. Payton [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	J. Hoke Peacock III [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Morris Penner [redacted]	300.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Donald Perelman [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Susan Perin [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Adele S. Perlmutter [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Peter Huang [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	James G. Petheriotes [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Pedram Peyrovi [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Cau Huu Pham [redacted]	3350.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Nghi Pham [redacted]	150.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/23/2003	Thien T. Pham [redacted]	50.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Huy Viet Phan [redacted]	150.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	James L. Phillips [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Jan I. Phipps [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Jonathan Pike [redacted]	25.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Karen Pinson [redacted]	5000.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Lawrence J. Pirtle [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Nancy Pittman [redacted]	2500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Dr. Richard L. Plumb [redacted]	25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Laura T. Pontikes [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/06/2003	Byron Pope [redacted]	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	George Postolos [redacted]	2500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	John Preston [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Elaine Proler [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Will Pryor [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Karen Pulaski [redacted]	2500.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Barry E. Putterman [redacted]	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	H. Walter Pye, Sr. [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Jerry H. Pyle [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Frederick H. Quell [redacted]	25.00	

Principal occupation (Optional) | Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Dr. Ahmed Rabie [redacted]	500.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Neal J. Rackleff [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Jeremy L. Radcliffe [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Nancy A. Rader [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Ramasamy Ramakrishnan [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. William H. White

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/08/2003	A. Behrooz Ramesh [redacted]	1000.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Julie Ramzel [redacted]	200.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Andy Ramzell [redacted]	20.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/2003	Randy N. Randermann [redacted]	5000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	K. Geetha Rao [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/06/2003	Bernard Rapoport [redacted]	1000.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Nancy S. Rapoport [redacted]	25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Hind T. Rashid [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Balwanth Rao M. Ratnala [redacted]	5000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Kandance J. Ratnala [redacted]	5000.00	

Principal occupation (Optional) | Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Louise M. Ratz [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Barrett H. Reasoner [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Joe R. Reeder [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Alan C. Reid [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Judy Reiner [redacted]	500.00	Food and beverages

Principal occupation (Optional)	Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/2003	Fred Rhodes [redacted]	100.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Mr. George F. Rhodes [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Josephine M. Rice [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Bradley Richards [redacted]	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Chris Richardson	1000.00	

Principal occupation (Optional) | Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/17/2003	John T. Ridout [redacted]	300.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Rogers A Roberts [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	David W. Robertson [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Lillie Robertson [redacted]	4500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	David M. Robins [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/30/2003	David M. Robins [redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Michael Robinson	5000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Franelle Rogers [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Darrell Rosenthal [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Frances R. Ross [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		

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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: 131/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/06/2003	Ellen S. Rourke [redacted] Dall[redacted]	125.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	David Rubenstein [redacted] [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Cynthia Rubsamen [redacted] [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	David Enrique Ruiz [redacted] [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Chris E. Ryman [redacted] [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/08/2003	Gita H. Saberioon [redacted]	5000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Saeed Sabzevari [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	David I. Saletan [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Homer Bruce Sallee [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Marie Sanford [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		

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10/23/2003	J. Mark Sappington [redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/28/2003	Richard G. Sawyer [redacted]	40.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Pasquale Scaturro [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Olivia Schirrmeister [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Bradley F. Schlosser [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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09/30/2003	Beth B. Schneider [redacted]	50.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Robert L Schneider [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Elizabeth Schreiber [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Danny Schroder [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Judy Schroder [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/29/2003	Tom G. Schultz [redacted]	5000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Mr. & Mrs. Richard Schweizer [redacted]	25.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/03/2003	Barbara Scott [redacted]	2000.00	Catering

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/19/2003	Milton Scott [redacted]	250.00	Food and beverages

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Thomas H. Scott [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/07/2003	Christian Seger [redacted] H[redacted]	50.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	David A. Sellars [redacted] Ho[redacted]34	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Marc Seltzer [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Albert Sevcik [redacted]	25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Carroll Shaddock [redacted]	2500.00	

Principal occupation (Optional) | Employer (Optional)

Revised 12/01/1999

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10/20/2003	Matthew D. Shaffer [redacted]	200.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Ajay Shah [redacted]	1500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Shannon S. Mann [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Peter Shaper [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Reva Shapiro [redacted]	50.00	
Principal occupation (Optional)		Employer (Optional)	

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10/02/2003	Steven J. Shapiro [redacted]	250.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Medhi Sharifian [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Michael M. Sharlot [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Bal K. Sharma [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Charles W. Shears [redacted]	2500.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/16/2003	Linda P. Shelton 6 Contributor address; City; State; Zip Code [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Edwina K. Shepard Contributor address; City; State; Zip Code [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	George C. Shipley Contributor address; City; State; Zip Code [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Sally Shipman Contributor address; City; State; Zip Code [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Christopher A. Shoppa Contributor address; City; State; Zip Code [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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10/10/2003	John Siegel [redacted]	35.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Jordan Siff [redacted]	2500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Joseph Siff [redacted]	23.17	Gas for campaign truck

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/26/2003	Joseph Siff [redacted]	150.00	Printing 500 invitations - for Rice

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/05/2003	Joseph Siff [redacted]	70.55	Food

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/01/2003	Joseph Siff [redacted]	25.23	Gasoline for campaign p - ickup truck

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Joseph Siff [redacted]	18.62	Lunch

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Joseph Siff [redacted]	9.67	Food

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Joseph Siff [redacted]	42.54	Supplies

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/04/2003	Joseph Siff [redacted]	25.78	Gas for campaign pickup truck,etc.

Principal occupation (Optional)	Employer (Optional)

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10/09/2003	Thomas D. Simmons Iii [redacted]	5000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Mr. & Mrs. Virgil Skellenger [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Barbara Sklar [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/03/2003	Charles Smith [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Richard Stowers Smith [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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10/15/2003	Roy Lee Smith [redacted]	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Sandra G. Smith [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Murdock Smith, Jr. [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Naomi Smulian [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Kathryn Smyser [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		

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10/06/2003	Melinda Snell [redacted] H[redacted]	250.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Snow & Laurel,L.L.P. [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Joellen Snow [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Ronald Soligo [redacted]	50.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Roger M. Soto [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

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10/06/2003	Michael Sowell [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	Linda T. Spangler [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Mrs. J. M. Spates, Jr. [redacted]	10.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Roy M. Spence, Jr. [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Johnny Spencer [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/08/2003	Scott R. Spencer [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/27/2003	Joseph Sreshta [redacted]	200.00	Food and beverages

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Don Stacy [redacted]	2000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Barbara Ellis Stanley [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	R. John Stanton, Jr. [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/09/2003	Vacheal Starks [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Julia May Starr [redacted]	25.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Sharon D. Steen [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/2003	David Stein [redacted]	3000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Frank C. Steininger [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/09/2003	Peter R. Sterling [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	June M. Stobaugh [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Eileen Subinsky [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Sarna S. Sunshine [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Susybelle Zook [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24/2003	Sangeeta Sutaria [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Lisa Sutter [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Anne Allen Symonds [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Peter C. Taaffe [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Massoud Taghdisi [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/08/2003	Eddi Taj [redacted]	333.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	David Tang [redacted]	2300.00	Entertainment expenses

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	David Tang [redacted]	403.75	Decorations

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	David Tang [redacted]	1200.00	Saigon Radio advertis - ement

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Judy Tate [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2003	Geraldine Tennant [redacted]	200.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Mr. Anthony S. Thacker [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/03/2003	The Hawthorne Agency [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Barbara M. Thielen [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Ralph B. Thomas [redacted]	2500.00	
Principal occupation (Optional)	Employer (Optional)		

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/2003	Robert J. Thomas [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Carolyn C. Thompson [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Carolyn C. Thompson [redacted]	10.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Fletcher Thorne-thomsen, Jr. [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Heida L. Thurlow [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/09/2003	Steve Tinnermon [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Hoa Kien To [redacted]	50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Zeki Ali Tolunay [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Mary Townsend [redacted]	25.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Judy L. Trabulsi [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/2003	Tractebel North America PAC [redacted]	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Ing Hui Tran [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Michael Tran [redacted]	200.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Shirley Trimmer-curvey [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Rita Trimmer-ray	400.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/2003	Gerard W. Trione [redacted]	5000.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Chun S. Tsui [redacted]	200.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/2003	Chun S. Tsui [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Anne W. Tucker [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Sue M. Tucker [redacted]	10.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Leticia M. Turner [redacted]	25.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Betty Tutor [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/2003	Thomas Uzick [redacted]	50.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Kenneth J. Valach [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Scott Anthony Van Beck [redacted]	50.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/23/2003	Margaret C. Vaughan [redacted]	200.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Celia Veselka [redacted]	4000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Celia Veselka [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/03/2003	Vijay Gupta [redacted]	100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/13/2003	Vinson & Elkins Texas Political Action Committee [redacted]	1500.00	

Principal occupation (Optional)
Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/07/2003	Mary Vitek [redacted]	50.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Chau Thi Vo [redacted]	500.00	Decorations

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Hubert Vo [redacted]	850.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Richard Volk [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Odean L. Volker [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/07/2003	Son Hoang Vu [redacted]	10.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/17/2003	Christopher Vutran [redacted]	1671.59	Entertainment expenses

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Shashi Wadhwa [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	James Walker II [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Marianne Young Walker [redacted]	25.00	

Principal occupation (Optional)	Employer (Optional)

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

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: 160/290

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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/16/2003	John Walsh [redacted]	500.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Pat Walter [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	D. Gibson Walton [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Cherryll Walzel-frick [redacted]	500.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/30/2003	Katherine K. Watkins [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Jeff Weems [redacted]	100.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	S. Conrad Weil, Jr. [redacted]	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Carole P. Wells [redacted]	250.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/09/2003	Clifton Wheeler [redacted]	50.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	William H. White [redacted]	200000.00	

Principal occupation (Optional)
Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/2003	Cynthia Wier [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Norm Wigington [redacted]	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/2003	Mosis Willett [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/01/2003	Thomas R. Williams [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/02/2003	Chris K. Wilmot [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Mr. William H. White

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/24/2003	Jeffrey L. Wilner [redacted]	500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Neal E. Wilson [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/10/2003	Patricia B Winn [redacted]	250.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Beth Wolff [redacted]	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/16/2003	Mrs. Cyvia Wolff [redacted]	5000.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/06/2003	Marilee M. Wood [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Ronald N. Woods [redacted]	25.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Stanley C. Woods [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/14/2003	Thomas Wright [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Henry W. Wu [redacted]	5000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/2003	James Xavier [redacted]	25.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/2003	Kay York [redacted]	5.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/2003	Mrs. Hazel Hainsworth Young [redacted]	30.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Lynn Young [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	Vernon R. Young [redacted]	1000.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/22/2003	William Young [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/2003	Wellington D. Yu [redacted]	2000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Shaoping Yuan [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/2003	John Zeiler [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/2003	Hai Ying Zhao [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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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#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/15/2003	Stuart O. Zimmerman 6 Contributor address; City; State; Zip Code [redacted]	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 168/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/2003	A Fair Extraordinaire 2035 Marshall Houston TX 77098	6750.00

8 Purpose of expenditure (See instructions regarding type of information required.)
food and service for event

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 ($)
09/30/2003	Adam Block 7777 Greenbriar Houston TX 77030	1075.55

Purpose of expenditure (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 ($)
10/15/2003	Adam Block 7777 Greenbriar Houston TX 77030	1075.55

Purpose of expenditure (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 ($)
10/15/2003	Adrian Campos 1126 Weaver Street Houston TX 77023	353.03

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/2003	Allen Provost 8403 Clairborne Houston TX 77078	534.02

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Allen Provost 8403 Clairborne Houston TX 77078	600.00

Purpose of expenditure (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 ($)
10/15/2003	Allen Provost 8403 Clairborne Houston TX 77078	693.24

Purpose of expenditure (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 ($)
10/15/2003	Alliance Payroll Service 12707 North Freeway Suite 320 Houston TX 77060	17332.07

Purpose of expenditure (See instructions regarding type of information required.)
Payroll taxes

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

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 170/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Alliance Payroll Service 12707 North Freeway Suite 320 Houston TX 77060	179.80

8 Purpose of expenditure (See instructions regarding type of information required.)
Payroll expenses

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 ($)
09/30/2003	Alliance Payroll Service 12707 North Freeway Suite 320 Houston TX 77060	14577.47

Purpose of expenditure (See instructions regarding type of information required.)
Payroll taxes

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	Alliance Payroll Service 12707 North Freeway Suite 320 Houston TX 77060	163.89

Purpose of expenditure (See instructions regarding type of information required.)
Payroll expenses

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 ($)
10/03/2003	Allyn & Company 3232 Mckinney Avenue Suite 660 Dallas TX 75204	39762.73

Purpose of expenditure (See instructions regarding type of information required.)
Mailers

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

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POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/23/2003	Allyn & Company 3232 Mckinney Avenue Suite 660 Dallas TX 75204	36130.94

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailers

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 ($)
10/17/2003	Allyn & Company 3232 Mckinney Avenue Suite 660 Dallas TX 75204	41543.44

Purpose of expenditure (See instructions regarding type of information required.)
Mailers

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 ($)
10/03/2003	Amanda Chavez 1802 18th Street Galena Park TX 77547	127.44

Purpose of expenditure (See instructions regarding type of information required.)
reimb advance for food/drinks

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 ($)
10/20/2003	Amanda Chavez 1802 18th Street Galena Park TX 77547	254.94

Purpose of expenditure (See instructions regarding type of information required.)
gas,tapes reimb

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

POLITICAL EXPENDITURES

SCHEDULE F

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Amanda Chavez 1802 18th Street Galena Park TX 77547	824.12

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Amanda Chavez 1802 18th Street Galena Park TX 77547	824.12

Purpose of expenditure (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 ($)
09/30/2003	Amanda Ramon 9103 Pine Stream Court Houston TX 77083	512.50

Purpose of expenditure (See instructions regarding type of information required.)
Ambulance Fee

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 ($)
10/03/2003	Amanda Ramon 9103 Pine Stream Court Houston TX 77083	311.16

Purpose of expenditure (See instructions regarding type of information required.)
ice,food,gas

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

POLITICAL EXPENDITURES

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2 FILER NAME
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Amanda Ramon 9103 Pine Stream Court Houston TX 77083	920.81

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/08/2003	Amanda Ramon 9103 Pine Stream Court Houston TX 77083	247.89

Purpose of expenditure (See instructions regarding type of information required.)
reimb ER visit

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	Amanda Ramon 9103 Pine Stream Court Houston TX 77083	131.44

Purpose of expenditure (See instructions regarding type of information required.)
ice,gas

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	Amanda Ramon 9103 Pine Stream Court Houston TX 77083	920.80

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

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

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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	Amy's Cafe 720 N. Post Oak Road Suite 124 Houston TX 77024	189.66

8 Purpose of expenditure (See instructions regarding type of information required.)
food

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 ($)
10/20/2003	Amy's Cafe 720 N. Post Oak Road Suite 124 Houston TX 77024	223.81

Purpose of expenditure (See instructions regarding type of information required.)
Volunteer food

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 ($)
09/30/2003	Amy's Cafe 720 N. Post Oak Road Suite 124 Houston TX 77024	117.02

Purpose of expenditure (See instructions regarding type of information required.)
Volunteer food

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 ($)
10/08/2003	Amy's Cafe 720 N. Post Oak Road Suite 124 Houston TX 77024	208.48

Purpose of expenditure (See instructions regarding type of information required.)
food

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

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POLITICAL EXPENDITURES

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2 FILER NAME
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	Amy's Cafe 720 N. Post Oak Road Suite 124 Houston TX 77024	134.45

8 Purpose of expenditure (See instructions regarding type of information required.)
Volunteer food

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 ($)
09/30/2003	Andre William 7815 Michline Houston TX 77071	44.34

Purpose of expenditure (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 ($)
10/15/2003	Andre William 7815 Michline Houston TX 77071	386.02

Purpose of expenditure (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 ($)
10/06/2003	Andrea White 101 Stablewood Court Houston TX 77024	1536.07

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. fund. dinner: bartender,waitstaf

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

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POLITICAL EXPENDITURES

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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/2003	Andrea Young 5500 Sampson St #2309 Houston TX 77004	54.47

8 Purpose of expenditure (See instructions regarding type of information required.)
Reimb. for lunch and breakfast meetings

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 ($)
10/15/2003	Andrea Young 5500 Sampson St #2309 Houston TX 77004	1230.25

Purpose of expenditure (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 ($)
10/22/2003	Andrea Young 5500 Sampson St #2309 Houston TX 77004	200.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. health insurance

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 ($)
09/30/2003	Andrea Young 5500 Sampson St #2309 Houston TX 77004	1230.25

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 177/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Andrew Tran 15719 Boulder Oaks Dr. Houston TX 77084	827.51

8 Purpose of expenditure (See instructions regarding type of information required.)
signs

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 ($)
10/20/2003	Andrew Tran 15719 Boulder Oaks Dr. Houston TX 77084	1055.65

Purpose of expenditure (See instructions regarding type of information required.)
Signs

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 ($)
10/08/2003	Andrew Tran 15719 Boulder Oaks Dr. Houston TX 77084	808.18

Purpose of expenditure (See instructions regarding type of information required.)
signs

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 ($)
10/05/2003	Andrew Tran 15719 Boulder Oaks Dr. Houston TX 77084	1003.77

Purpose of expenditure (See instructions regarding type of information required.)
signs

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 178/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Anna Shaw 11014 Bellerive Houston TX 77072	650.05

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Anna Shaw 11014 Bellerive Houston TX 77072	650.05

Purpose of expenditure (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 ($)
10/16/2003	Arthur Cordova 4101 Lamar Street #2 Houston TX 77023	155.96

Purpose of expenditure (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 ($)
10/15/2003	Arthur Cordova 4101 Lamar Street #2 Houston TX 77023	132.93

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 179/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Arthur Cordova 4101 Lamar Street #2 Houston TX 77023	129.62

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Asim Hashim 11203 Early Spring Circle Houston TX 77064	800.00

Purpose of expenditure (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 ($)
10/15/2003	Asim Hashim 11203 Early Spring Circle Houston TX 77064	692.13

Purpose of expenditure (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 ($)
10/09/2003	Asim Hashim 11203 Early Spring Circle Houston TX 77064	321.67

Purpose of expenditure (See instructions regarding type of information required.)
signs

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

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 180/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Baber Mohammed 2405 Long Reach Drive Sugar Land TX 77478	107.13

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Basit Gopalani 1114 Autumn Village Drive Missouri City TX 77459	236.67

Purpose of expenditure (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 ($)
09/30/2003	Basit Gopalani 1114 Autumn Village Drive Missouri City TX 77459	88.66

Purpose of expenditure (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 ($)
09/30/2003	Bette John 15599 Memorial Drive Houston TX 77002	200.00

Purpose of expenditure (See instructions regarding type of information required.)
reimb health insurance

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 181/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Bette John 15599 Memorial Drive Houston TX 77002	1240.04

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/22/2003	Bette John 15599 Memorial Drive Houston TX 77002	200.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. health insurance

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 ($)
09/30/2003	Bette John 15599 Memorial Drive Houston TX 77002	1240.04

Purpose of expenditure (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 ($)
10/17/2003	Beverly Cooper 9723 Arvin Street Houston TX 77078	300.00

Purpose of expenditure (See instructions regarding type of information required.)
Awards for Bill to hand out at AA event

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 182/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Bradon West 632 Stafford Springs Avenue Stafford TX 77477	330.31

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Brenton Raynor 5618 Thrush Houston TX 77033	109.86

Purpose of expenditure (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 ($)
10/15/2003	Brian Dao 17435 Memorial Crest Drive Spring TX 77379	42.49

Purpose of expenditure (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 ($)
09/30/2003	Brian Dao 17435 Memorial Crest Drive Spring TX 77379	44.32

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

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

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 183/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Brian Nguyen 10515 Stockman Ln. Sugar Land TX 77478	195.79

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Brian Nguyen 10515 Stockman Ln. Sugar Land TX 77478	284.19

Purpose of expenditure (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 ($)
09/30/2003	Bryant Davis 178 Country Lane San Antonio TX 78209	18.91

Purpose of expenditure (See instructions regarding type of information required.)
reimb for plastic ties

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 ($)
09/30/2003	Caraly Thompson 2001 Merworth #122 Houston TX 77025	432.15

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

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

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 184/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Caraly Thompson 2001 Merworth #122 Houston TX 77025	425.55

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Carl Nickerson 7722 Caddo Houston TX 77016	250.00

Purpose of expenditure (See instructions regarding type of information required.)
signs

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 ($)
10/23/2003	Carl Nickerson 7722 Caddo Houston TX 77016	20.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. for Gas

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 ($)
10/03/2003	Carl Nickerson 7722 Caddo Houston TX 77016	270.00

Purpose of expenditure (See instructions regarding type of information required.)
signs

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 185/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2003	Carl Nickerson 7722 Caddo Houston TX 77016	270.00

8 Purpose of expenditure (See instructions regarding type of information required.)
signs

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 ($)
10/15/2003	Carl Nickerson 7722 Caddo Houston TX 77016	216.91

Purpose of expenditure (See instructions regarding type of information required.)
signs

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	Carolyn Partch 1516 N. MacGregor Way Houston TX 77023	354.74

Purpose of expenditure (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 ($)
10/16/2003	Carolyn Williams 9738 Hillis Houston TX 77078	500.00

Purpose of expenditure (See instructions regarding type of information required.)
Block Party

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

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 186/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	Carrie Gray 1515 Warwickshire Houston TX 77077	200.00

8 Purpose of expenditure (See instructions regarding type of information required.)
staffing at air show

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 ($)
10/20/2003	Cash	2000.00

Purpose of expenditure (See instructions regarding type of information required.)
Field program

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 ($)
10/10/2003	Cash	5000.00

Purpose of expenditure (See instructions regarding type of information required.)
Field program

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 ($)
09/26/2003	Cash	5000.00

Purpose of expenditure (See instructions regarding type of information required.)
Field program

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 187/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/2003	Cash	1000.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Field program

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 ($)
10/10/2003	Cash	5000.00

Purpose of expenditure (See instructions regarding type of information required.)
Field program

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 ($)
10/10/2003	Cash	2000.00

Purpose of expenditure (See instructions regarding type of information required.)
Field program

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 ($)
10/17/2003	Cash	8500.00

Purpose of expenditure (See instructions regarding type of information required.)
Field program

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

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

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 188/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/2003	Cash	1750.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Field program

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 ($)
10/08/2003	Center for Millitary History P.O. Box 891312 Houston TX 77289-1312	150.00

Purpose of expenditure (See instructions regarding type of information required.)
table at Gathering of Leaders

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 ($)
09/30/2003	Charles Walton 7331 Belle Park Houston TX 77072	96.00

Purpose of expenditure (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 ($)
10/15/2003	Charles Walton 7331 Belle Park Houston TX 77072	199.48

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 189/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/08/2003	Christian Archer 148 Park Drive San Marcos TX 78666	850.90

8 Purpose of expenditure (See instructions regarding type of information required.)
gas and food for walkers

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 ($)
10/08/2003	Christian Archer 148 Park Drive San Marcos TX 78666	1841.68

Purpose of expenditure (See instructions regarding type of information required.)
housing

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 ($)
10/08/2003	Christian Archer 1128 Hwy 46 S. Austin TX 78701	160.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. Asim for sign expenses

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 ($)
09/30/2003	Christina Cabral 2250 Bering Drive #34 Houston TX 77057	1701.59

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 190/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/08/2003	Christina Cabral 2250 Bering Drive #34 Houston TX 77057	85.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Ticket for minority council event

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 ($)
10/15/2003	Christina Cabral 2250 Bering Drive #34 Houston TX 77057	1701.60

Purpose of expenditure (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 ($)
09/30/2003	Christina Cabral 2250 Bering Drive #34 Houston TX 77057	1701.59

Purpose of expenditure (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 ($)
10/05/2003	Christine Gorman 16755 Ella Blvd. #44 Houston TX 77090	663.77

Purpose of expenditure (See instructions regarding type of information required.)
food,invitations,decorations,key map,

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

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POLITICAL EXPENDITURES

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1 Total pages report: 191/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Christine Gorman 16755 Ella Blvd. #44 Houston TX 77090	1259.42

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Christine Gorman 16755 Ella Blvd. #44 Houston TX 77090	1259.42

Purpose of expenditure (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 ($)
09/30/2003	Christopher Brunt 3011 Woodwren Court League City TX 77573	323.97

Purpose of expenditure (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 ($)
10/15/2003	Christopher Brunt 3011 Woodwren Court League City TX 77573	650.05

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

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

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POLITICAL EXPENDITURES

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1 Total pages report: 192/290

2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Chukwuma Onyejiaka 7900 Kendalla Drive Houston TX 77036	44.32

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/08/2003	City Kitchen P.o. Box 282409 Houston TX 77207	1190.75

Purpose of expenditure (See instructions regarding type of information required.)
food,drinks,service

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 ($)
10/02/2003	Culinaire 908 Kipling Houston TX 77006	1449.75

Purpose of expenditure (See instructions regarding type of information required.)
food and drink

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 ($)
10/02/2003	Cullen Missionary Baptist Church 13223 Cullen Blvd. Houston TX 77047	300.00

Purpose of expenditure (See instructions regarding type of information required.)
Purhcase of table for 26th Anniversary B

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

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POLITICAL EXPENDITURES

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1 Total pages report: 193/290

2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Daney Delao 202 E. Edgebrook Houston TX 77034	110.82

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Daniel Saenz 2801 Broadmead Apt. 510 Houston TX 77025	155.98

Purpose of expenditure (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 ($)
10/15/2003	Daniel Saenz 2801 Broadmead Apt. 510 Houston TX 77025	297.61

Purpose of expenditure (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 ($)
10/15/2003	Darcy Mackey 3303 S. Rice Suite 210-B Houston TX 77056	2250.00

Purpose of expenditure (See instructions regarding type of information required.)
Consulting

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 194/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	Darcy Mackey 3303 S. Rice Suite 210-B Houston TX 77056	5276.24

8 Purpose of expenditure (See instructions regarding type of information required.)
Reimb room,food,drinks,security

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 ($)
09/30/2003	Darcy Mackey 3303 S. Rice Suite 210-B Houston TX 77056	2250.00

Purpose of expenditure (See instructions regarding type of information required.)
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 ($)
10/17/2003	Datavox P.O. Box 297468 Houston TX 77297-7468	243.57

Purpose of expenditure (See instructions regarding type of information required.)
Phones

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 ($)
10/17/2003	Datavox P.O. Box 297468 Houston TX 77297-7468	81.19

Purpose of expenditure (See instructions regarding type of information required.)
Phones

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 195/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/2003	Datavox P.O. Box 297468 Houston TX 77297-7468	1266.53

8 Purpose of expenditure (See instructions regarding type of information required.)
Phones

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 ($)
10/17/2003	Datavox P.O. Box 297468 Houston TX 77297-7468	1344.47

Purpose of expenditure (See instructions regarding type of information required.)
Phones

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 ($)
09/30/2003	Dawrench Copeland 5223 Greylog Houston TX 77048	358.33

Purpose of expenditure (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 ($)
10/15/2003	Dawrench Copeland 5223 Greylog Houston TX 77048	234.56

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 196/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Deana Young 1516 Prince Houston TX 77008	343.47

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Deana Young 1516 Prince Houston TX 77008	36.94

Purpose of expenditure (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 ($)
10/20/2003	Debra Kass 9706 Marlive Houston TX 77025	128.48

Purpose of expenditure (See instructions regarding type of information required.)
food,invitations,drinks

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 ($)
10/17/2003	Deluxe Checks P.O. Box 1186 Lancaster CA 93534-1186	192.66

Purpose of expenditure (See instructions regarding type of information required.)
Check and Envelope Order

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 197/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Deluxe Checks P.O. Box 1186 Lancaster CA 93534-1186	89.00

8 Purpose of expenditure (See instructions regarding type of information required.)
checks

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 ($)
10/15/2003	Demina Nickerson 7722 Caddo Road Houston TX 77016	759.03

Purpose of expenditure (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 ($)
10/01/2003	Demina Nickerson 7722 Caddo Road Houston TX 77016	581.52

Purpose of expenditure (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 ($)
09/30/2003	Devin Pulliam 15719 Boulder Oaks Houston TX 77084	199.48

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

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder 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 report: 198/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Devin Pulliam 15719 Boulder Oaks Houston TX 77084	214.24

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Donajih Rodriguez 4733 Clay Houston TX 77023	83.11

Purpose of expenditure (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 ($)
09/30/2003	Donajih Rodriguez 4733 Clay Houston TX 77023	254.54

Purpose of expenditure (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 ($)
10/22/2003	Doug Peterson 2118 Cherry Tree Ridge Lane Houston TX 77062	199.60

Purpose of expenditure (See instructions regarding type of information required.)
Ad

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder 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 report: 199/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission Use)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Elideth Vasquez 11107 High Star Houston TX 77072	86.80

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Elideth Vasquez 11107 High Star Houston TX 77072	88.66

Purpose of expenditure (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 ($)
10/15/2003	Elizabeth Adams 525 Hohldale Street Houston TX 77091	488.42

Purpose of expenditure (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 ($)
09/30/2003	Elizabeth Adams 525 Hohldale Street Houston TX 77091	105.28

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 200/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/06/2003	Enterprise Rent-A-Car 5555 San Felipe Houston TX 77056	30245.02

8 Purpose of expenditure (See instructions regarding type of information required.)
Van rentals

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 ($)
10/15/2003	Erica Madlock 8903 Cr 887 Manvel TX 77578	246.30

Purpose of expenditure (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 ($)
09/30/2003	Erica Madlock 8903 Cr 887 Manvel TX 77578	155.14

Purpose of expenditure (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 ($)
09/30/2003	Ericka Mccauley P. O. Box 7504 Houston TX 77054	985.61

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

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder 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 report: 201/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Ericka Mccauley P. O. Box 7504 Houston TX 77054	1040.30

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/07/2003	Ever Ready Lodge #506 429 West Street Rosenberg TX 77471	500.00

Purpose of expenditure (See instructions regarding type of information required.)
table for awards dinner

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 ($)
09/26/2003	Fairbank,Maslin,Maullin & Associates 2425 Colorado Avenue Suite 180 Santa Monica CA 90404	44120.12

Purpose of expenditure (See instructions regarding type of information required.)
Consulting/Polling

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 ($)
10/20/2003	Fairbank,Maslin,Maullin & Associates 2425 Colorado Avenue Suite 180 Santa Monica CA 90404	19500.00

Purpose of expenditure (See instructions regarding type of information required.)
Consulting/Polling

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 202/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/22/2003	Federal Express P.O. Box 1140 Memphis TN 38101-1140	215.14

8 Purpose of expenditure (See instructions regarding type of information required.)
Delivery services

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 ($)
10/20/2003	Federal Express P.O. Box 1140 Memphis TN 38101-1140	68.41

Purpose of expenditure (See instructions regarding type of information required.)
delivery services

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 ($)
10/09/2003	Federal Express P.O. Box 1140 Memphis TN 38101-1140	33.38

Purpose of expenditure (See instructions regarding type of information required.)
Delivery services

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 ($)
10/17/2003	Federal Express P.O. Box 1140 Memphis TN 38101-1140	9.94

Purpose of expenditure (See instructions regarding type of information required.)
Delivery services

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 203/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	LeRoy Feist 13823 Sandover Drive Houston TX 77014-3622	458.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/22/2003	LeRoy Feist 13823 Sandover Drive Houston TX 77014-3622	10.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. gas (yard sign delivery)

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	Frederick Lopez P.O. Box 685023 Austin TX 78768-5023	1202.12

Purpose of expenditure (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 ($)
10/05/2003	Frederick Lopez P.O. Box 685023 Austin TX 78768-5023	45.50

Purpose of expenditure (See instructions regarding type of information required.)
gas

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 204/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Frederick Lopez P.O. Box 685023 Austin TX 78768-5023	1314.38

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/08/2003	Ft. Bend County Elections Administration 4520 Reading Road Rosenberg TX 77471	43.50

Purpose of expenditure (See instructions regarding type of information required.)
labels for event

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 ($)
10/05/2003	Gail Brown 1012 Memorial Village Houston TX 77024	2000.00

Purpose of expenditure (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	Glenn Grantom 1301 Mistletoe Lane Kingwood TX 77339	1046.66

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 205/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Glenn Grantom 1301 Mistletoe Lane Kingwood TX 77339	1046.67

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/20/2003	Golf Land Realtors 602 Texas Parkway Cypress TX 77429	1200.00

Purpose of expenditure (See instructions regarding type of information required.)
barbeque in Missouri City

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 Harms 2312 Southgate Houston TX 77030	390.15

Purpose of expenditure (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 ($)
10/20/2003	Harris County Council Of Organizations 4610 Delano Houston TX 77004	500.00

Purpose of expenditure (See instructions regarding type of information required.)
advertising

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 206/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/14/2003	Harris County Council Of Organizations 4610 Delano Houston TX 77004	500.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Advertising

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 ($)
10/15/2003	Hazel Mitchell 15001 Crosswinds Drive Apt. 601 Houston TX 77032	216.92

Purpose of expenditure (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 ($)
09/30/2003	Hazel Mitchell 15001 Crosswinds Drive Apt. 601 Houston TX 77032	611.37

Purpose of expenditure (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 ($)
10/08/2003	Hazel Mitchell 15001 Crosswinds Drive Apt. 601 Houston TX 77032	136.08

Purpose of expenditure (See instructions regarding type of information required.)
Mileage reimbursement

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 207/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/2003	Hazel Mitchell 15001 Crosswinds Drive Apt. 601 Houston TX 77032	75.60

8 Purpose of expenditure (See instructions regarding type of information required.)
Mileage reimbursement

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 ($)
09/30/2003	Hazel Mitchell 15001 Crosswinds Drive Apt. 601 Houston TX 77032	75.60

Purpose of expenditure (See instructions regarding type of information required.)
Mileage reimbursement

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 ($)
10/10/2003	Hazel Mitchell 15001 Crosswinds Drive Apt. 601 Houston TX 77032	211.68

Purpose of expenditure (See instructions regarding type of information required.)
Mileage reimbursement

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 ($)
09/30/2003	Herb Mitchell 7611 Sterlingshire Houston TX 77016	4500.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 208/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2003	Herb Mitchell 7611 Sterlingshire Houston TX 77016	250.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Reimb. for campaign expenses

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 ($)
10/02/2003	Hickory Hollow 101 Heights Blvd. Houston TX 77007	199.72

Purpose of expenditure (See instructions regarding type of information required.)
food

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 ($)
10/03/2003	Hill Research Consultants 2202 Timberloch Place Suite 100 The Woodlands TX 77380	4800.00

Purpose of expenditure (See instructions regarding type of information required.)
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	Hortencia Sifuentes	1000.00

Purpose of expenditure (See instructions regarding type of information required.)
rent

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder 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 report: 209/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/2003	Hotshot P.O. Box 701189 Houston TX 77270-1189	114.89

8 Purpose of expenditure (See instructions regarding type of information required.)
Delivery Services

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 ($)
10/03/2003	Houston Chronicle P.O. Box 200084 Houston TX 77216	1980.53

Purpose of expenditure (See instructions regarding type of information required.)
Ads

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 ($)
10/10/2003	Houston Chronicle P.O. Box 200084 Houston TX 77216	20953.38

Purpose of expenditure (See instructions regarding type of information required.)
Newspaper Insert

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 ($)
10/23/2003	Houston Chronicle P.O. Box 200084 Houston TX 77216	12993.11

Purpose of expenditure (See instructions regarding type of information required.)
Newspaper Insert

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 210/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/08/2003	Houston Citizens Chamber of Commerce 2808 Wheeler Street Houston TX 77004	1000.00

8 Purpose of expenditure (See instructions regarding type of information required.)
table at event

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 ($)
09/30/2003	Ilham Khalil 8001 Folkestone Houston TX 77075	81.26

Purpose of expenditure (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 ($)
09/26/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	1725.52

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	2293.73

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 211/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	1300.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	1889.72

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	202.57

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	1256.35

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 212/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	2177.12

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	3630.04

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	574.44

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	206.37

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 213/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	212.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	1793.39

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	208.06

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	2171.35

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 214/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/22/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	5000.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	252.46

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	317.54

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	302.91

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 215/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	208.19

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	501.64

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	253.87

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	1160.35

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 216/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	1500.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	742.77

Purpose of expenditure (See Instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	153.03

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	15025.91

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 217/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	21.99

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
09/26/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	1125.40

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	7957.99

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/07/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	1152.54

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 218/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/26/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	2292.04

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
09/26/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	4481.70

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
09/26/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	8525.34

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	494.37

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 219/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	588.53

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	707.60

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	485.29

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	592.12

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 220/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	1356.69

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	1932.51

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	474.84

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	485.20

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 221/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	358.20

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	481.09

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/10/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	4481.70

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/07/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	8847.46

Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 222/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	215.17

8 Purpose of expenditure (See instructions regarding type of information required.)
Mailings/postage

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 ($)
10/20/2003	Ingrid Berczik 1109 Montrose Houston TX 77019	26.53

Purpose of expenditure (See instructions regarding type of information required.)
signs

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	Ingrid Berczik 1109 Montrose Houston TX 77019	286.28

Purpose of expenditure (See instructions regarding type of information required.)
signs

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 ($)
09/29/2003	J&J Promotions 6925 Abilene Houston TX 77020	4950.00

Purpose of expenditure (See instructions regarding type of information required.)
T shirts

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 223/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Jacob Siegel 3300 Bellefontaine Street #21 Houston TX 77025	402.53

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Jacob Siegel 3300 Bellefontaine Street #21 Houston TX 77025	215.26

Purpose of expenditure (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 ($)
10/23/2003	Jacob Siegel 3300 Bellefontaine Street #21 Houston TX 77025	57.26

Purpose of expenditure (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 ($)
09/30/2003	James Arce 10950 Briar Forest #2610 Houston TX 77042	294.07

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 224/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	James Arce 10950 Briar Forest #2610 Houston TX 77042	477.98

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/01/2003	Jarvis Thompson 8611 Peachtree Street Houston TX 77016	804.75

Purpose of expenditure (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 ($)
10/15/2003	Jarvis Thompson 8611 Peachtree Street Houston TX 77016	804.75

Purpose of expenditure (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 ($)
10/22/2003	Jason Dluhy 4602 Hummingbird Houston TX 77035	145.14

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. gas,ice,airshow supplies,parki

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 225/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Jason Dluhy 4602 Hummingbird Houston TX 77035	824.12

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/08/2003	Jason Dluhy 4602 Hummingbird Houston TX 77035	79.79

Purpose of expenditure (See instructions regarding type of information required.)
gas,supplies,food

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 ($)
09/30/2003	Jason Dluhy 4602 Hummingbird Houston TX 77035	824.12

Purpose of expenditure (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 ($)
10/15/2003	Jawad Razvi 14015 Cypresswood Crossing Blvd. Houston TX 77070	241.36

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 226/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Jawad Razvi 14015 Cypresswood Crossing Blvd. Houston TX 77070	125.60

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Jennifer Austin 12707 Bellaire Blvd. 627 Houston TX 77072	81.26

Purpose of expenditure (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 ($)
10/15/2003	Jennifer King 5446 Windsor Forest Houston TX 77088	151.46

Purpose of expenditure (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 ($)
09/30/2003	Jennifer King 5446 Windsor Forest Houston TX 77088	201.32

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 227/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Jerome Vielman 2310 Mason Street Apt. A Houston TX 77006	843.50

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Jerome Vielman 2310 Mason Street Apt. A Houston TX 77006	843.50

Purpose of expenditure (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 ($)
10/20/2003	Jerome Vielman 2310 Mason Street Apt. A Houston TX 77006	137.37

Purpose of expenditure (See instructions regarding type of information required.)
gas and ice

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	Jesse Goins 1126 Weaver Street Houston TX 77023	223.50

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 228/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Jim Miles 2121 Fountainview H-14 Houston TX 77057	129.29

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Jim Miles 2121 Fountainview H-14 Houston TX 77057	192.08

Purpose of expenditure (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 ($)
10/15/2003	Jobie Thompson 8611 Peachtree St. Houston TX 77016	233.38

Purpose of expenditure (See instructions regarding type of information required.)
Signs

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 ($)
10/03/2003	Jobie Thompson 8611 Peachtree St. Houston TX 77016	270.00

Purpose of expenditure (See instructions regarding type of information required.)
Signs

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

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POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 229/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/10/2003	Jobie Thompson 8611 Peachtree St. Houston TX 77016	270.00

8 Purpose of expenditure (See instructions regarding type of information required.)
signs

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 ($)
09/30/2003	Jobie Thompson 8611 Peachtree St. Houston TX 77016	250.00

Purpose of expenditure (See instructions regarding type of information required.)
signs

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 ($)
10/23/2003	Jobie Thompson 8611 Peachtree St. Houston TX 77016	20.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. for Gas (sign delivery)

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 ($)
09/30/2003	Jordan B. Siff 6111 Beverly Hill St. Houston TX 77057	520.10

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

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

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 230/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Jordan B. Siff 6111 Beverly Hill St. Houston TX 77057	241.62

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/05/2003	Jordan B. Siff 6111 Beverly Hill St. Houston TX 77057	21.11

Purpose of expenditure (See instructions regarding type of information required.)
supplies for Johnson dinner

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	Jose Soto 2250 Bering Dr. #34 Houston TX 77244-1417	1875.62

Purpose of expenditure (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 ($)
09/30/2003	Jose Soto 2250 Bering Dr. #34 Houston TX 77244-1417	1875.62

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

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

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1 Total pages report: 231/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/08/2003	Jose Soto 2250 Bering Dr. #34 Houston TX 77244-1417	67.33

8 Purpose of expenditure (See instructions regarding type of information required.)
Lunch for team on 9/13

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 ($)
10/05/2003	Joseph Khuat 14355 Cornerstone Village Drive Apt. 409 Houston TX 77014	134.69

Purpose of expenditure (See instructions regarding type of information required.)
gas and tools for signs

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 ($)
10/01/2003	Joyce Jordan 10517 Dulcimer Street Houston TX 77051	366.43

Purpose of expenditure (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 ($)
10/15/2003	Joyce Jordan 10517 Dulcimer Street Houston TX 77051	507.36

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

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

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 232/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Juan Rangel 15711 Boulder Oaks Houston TX 77084	192.08

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Juan Rangel 15711 Boulder Oaks Houston TX 77084	173.63

Purpose of expenditure (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 ($)
10/15/2003	June Coaxum 1335 West Gray #3 Houston TX 77019	131.14

Purpose of expenditure (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 ($)
09/30/2003	Justin Grimm 201 S. Heights Blvd. #826 Houston TX 77007	274.56

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

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

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 233/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Justin Grimm 201 S. Heights Blvd. #826 Houston TX 77007	180.68

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Kathleen Moses 1538 Allston Houston TX 77008	804.75

Purpose of expenditure (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 ($)
09/30/2003	Kathleen Moses 1538 Allston Houston TX 77008	804.75

Purpose of expenditure (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 ($)
10/08/2003	Kathleen Moses 1538 Allston Houston TX 77008	304.05

Purpose of expenditure (See instructions regarding type of information required.)
paper

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

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1 Total pages report: 234/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/08/2003	Kathleen Moses 1538 Allston Houston TX 77008	66.60

8 Purpose of expenditure (See instructions regarding type of information required.)
Signs; office paper

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 ($)
10/08/2003	Kathy Bellard 8822 Woodlyn Houston TX 77078	45.00

Purpose of expenditure (See instructions regarding type of information required.)
food for breakfast

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 ($)
10/02/2003	Kathy Bellard 8822 Woodlyn Houston TX 77078	500.00

Purpose of expenditure (See instructions regarding type of information required.)
Food for 10/4 Precinct Breakfast at Grac

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	Kermit Williams 10101 Forum Park Apt. 1051 Houston TX 77036	113.15

Purpose of expenditure (See instructions regarding type of information required.)
Net Payroll

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

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2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/16/2003	Kermit Williams 10101 Forum Park Apt. 1051 Houston TX 77036	40.63

8 Purpose of expenditure (See instructions regarding type of information required.)
Net Payroll

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 ($)
10/15/2003	Kristina Perello 603 Annies Way Sugar Land TX 77479	184.70

Purpose of expenditure (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 ($)
09/30/2003	Kristina Perello 603 Annies Way Sugar Land TX 77479	287.48

Purpose of expenditure (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 ($)
09/30/2003	Kyle Jackson 4311 Peridot Lane Friendswood TX 77546	40.63

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

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

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1 Total pages report: 236/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/22/2003	Lanier 13135 Dairy Ashford Suite 300 Sugar Land TX 77478	174.28

8 Purpose of expenditure (See instructions regarding type of information required.)
Copy Machine Repair

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 ($)
09/30/2003	Laquanta Brown 5714 Belneath Houston TX 77033	44.32

Purpose of expenditure (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 ($)
10/15/2003	Laquanta Brown 5714 Belneath Houston TX 77033	234.58

Purpose of expenditure (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 ($)
10/03/2003	Laser Image 1212 Motor Street Dallas TX 75207	1994.67

Purpose of expenditure (See instructions regarding type of information required.)
postage

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

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POLITICAL EXPENDITURES

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1 Total pages report: 237/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/03/2003	Laser Image 1212 Motor Street Dallas TX 75207	27305.33

8 Purpose of expenditure (See instructions regarding type of information required.)
postage

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 ($)
10/16/2003	Laser Image 1212 Motor Street Dallas TX 75207	23500.00

Purpose of expenditure (See instructions regarding type of information required.)
postage/householding

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 ($)
10/23/2003	Laser Image 1212 Motor Street Dallas TX 75207	25000.00

Purpose of expenditure (See instructions regarding type of information required.)
Postage/mailing

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 ($)
09/30/2003	Laura Diaz 8431 Blankenship Houston TX 77080	129.62

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

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

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1 Total pages report: 238/290

2 FILER NAME
Mr. William H. White

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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Laura Diaz 8431 Blankenship Houston TX 77080	180.68

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Lesshelle Sargent 3600 Rosewood Houston TX 77004	155.14

Purpose of expenditure (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 ($)
10/15/2003	Linda Block 4306 Willowbend Houston TX 77035-7703	173.18

Purpose of expenditure (See instructions regarding type of information required.)
reimb toner cartridge

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	878.80

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

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

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1 Total pages report: 239/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/05/2003	Linda McDill Music P.O. Box 130562 Houston TX 77219	225.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Music at 10/22 event

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 ($)
09/30/2003	Lizbeth Vazquez 11107 High Star Drive Houston TX 77072	88.66

Purpose of expenditure (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 ($)
10/15/2003	Lizbeth Vazquez 11107 High Star Drive Houston TX 77072	83.11

Purpose of expenditure (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 ($)
09/30/2003	Louise Van Vleck 4000 Essex Lane #7105 Houston TX 77027	1520.42

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

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

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 240/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/22/2003	Louise Van Vleck 4000 Essex Lane #7105 Houston TX 77027	63.26

8 Purpose of expenditure (See instructions regarding type of information required.)
Reimb. for office supplies

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 ($)
10/08/2003	Louise Van Vleck 4000 Essex Lane #7105 Houston TX 77027	33.23

Purpose of expenditure (See instructions regarding type of information required.)
reimb for supplies

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 ($)
10/08/2003	Louise Van Vleck 4000 Essex Lane #7105 Houston TX 77027	200.00

Purpose of expenditure (See instructions regarding type of information required.)
reimb. health insurance

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 ($)
10/16/2003	Louise Van Vleck 4000 Essex Lane #7105 Houston TX 77027	1800.00

Purpose of expenditure (See instructions regarding type of information required.)
payroll

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

POLITICAL EXPENDITURES

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 241/290

2 FILER NAME
Mr. William H. White

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C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/2003	Love United	2000.00

8 Purpose of expenditure (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 ($)
10/13/2003	LSG Strategies Services Corp. d/b/a LSG Strategies 2120 L Street NW,Suite 305 Washington DC 20037	1688.96

Purpose of expenditure (See instructions regarding type of information required.)
Phone calls

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 ($)
10/13/2003	LSG Strategies Services Corp. d/b/a LSG Strategies 2120 L Street NW,Suite 305 Washington DC 20037	184.68

Purpose of expenditure (See instructions regarding type of information required.)
Phone calls

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 ($)
10/13/2003	LSG Strategies Services Corp. d/b/a LSG Strategies 2120 L Street NW,Suite 305 Washington DC 20037	140.76

Purpose of expenditure (See instructions regarding type of information required.)
Phone calls

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

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1 Total pages report: 242/290

2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/13/2003	LSG Strategies Services Corp. d/b/a LSG Strategies 2120 L Street NW,Suite 305 Washington DC 20037	26741.62

8 Purpose of expenditure (See instructions regarding type of information required.)
Phone calls

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 ($)
10/08/2003	M.C. Williams Alumni Association,Inc. 1314 Texas Avenue Suite 605 Houston TX 77002	80.00

Purpose of expenditure (See instructions regarding type of information required.)
ad

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 ($)
09/30/2003	Maria Carminati Garbino 5515 Clarewood #155 Houston TX 77081	66.50

Purpose of expenditure (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 ($)
10/15/2003	Maria Carminati Garbino 5515 Clarewood #155 Houston TX 77081	36.94

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

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

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1 Total pages report: 243/290

2 FILER NAME
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/16/2003	Mark Peltier 4101 Lamar Apt. #2 Houston TX 77023	125.60

8 Purpose of expenditure (See instructions regarding type of information required.)
Net Payroll

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 ($)
09/30/2003	Mark Peltier 4101 Lamar Apt. #2 Houston TX 77023	118.20

Purpose of expenditure (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 ($)
10/15/2003	Mark Peltier 4101 Lamar Apt. #2 Houston TX 77023	140.38

Purpose of expenditure (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 ($)
10/15/2003	Maximiliano Cardenas III 3811 Moore Houston TX 77008	198.81

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

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

POLITICAL EXPENDITURES

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1 Total pages report: 244/290

2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Maximiliano Cardenas III 3811 Moore Houston TX 77008	96.04

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/05/2003	David McEwing P.O. Box 231324 Houston TX 77023	67.00

Purpose of expenditure (See instructions regarding type of information required.)
parking

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 ($)
10/22/2003	C. Patrick McIlvain 221 Knox Houston TX 77007	7.71

Purpose of expenditure (See instructions regarding type of information required.)
Supplies

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 ($)
10/22/2003	C. Patrick McIlvain 221 Knox Houston TX 77007	15.15

Purpose of expenditure (See instructions regarding type of information required.)
Supplies

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

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1 Total pages report: 245/290

2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/22/2003	C. Patrick McIlvain 221 Knox Houston TX 77007	10.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Sam's and P.O. trips

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 ($)
10/08/2003	C. Patrick McIlvain 221 Knox Houston TX 77007	63.00

Purpose of expenditure (See instructions regarding type of information required.)
film dev; office supplies

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 ($)
09/30/2003	Michael Moore 2110 Baldwin Houston TX 77033	3066.25

Purpose of expenditure (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 ($)
10/15/2003	Michael Moore 2110 Baldwin Houston TX 77033	3066.24

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 246/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/23/2003	Michael Zimbaldi 9155 Grape Road Houston TX 77096	184.70

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Michael Zimbaldi 9155 Grape Road Houston TX 77096	328.65

Purpose of expenditure (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 ($)
10/15/2003	Michael Zimbaldi 9155 Grape Road Houston TX 77096	454.24

Purpose of expenditure (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 ($)
10/08/2003	Scott Miller 3311 Sul Ross Street Houston TX 77098	217.05

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. Refreshments

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 247/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Mirko Pefaure 6301 Almeda Road Houston TX 77021	882.25

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Mirko Pefaure 6301 Almeda Road Houston TX 77021	882.25

Purpose of expenditure (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 ($)
09/30/2003	Myra Jolivet 1200 Smith 16th Floor Houston TX 77002	2750.00

Purpose of expenditure (See instructions regarding type of information required.)
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	Myra Jolivet 1200 Smith 16th Floor Houston TX 77002	2750.00

Purpose of expenditure (See instructions regarding type of information required.)
Consulting

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 248/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Nadeem Qureshi 1950 Eldridge #12207 Houston TX 77077	199.48

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Nadeem Qureshi 1950 Eldridge #12207 Houston TX 77077	257.83

Purpose of expenditure (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 ($)
09/30/2003	Nhan Ngo 11803 Plumbrook Drive Houston TX 77094	155.16

Purpose of expenditure (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 ($)
10/15/2003	Nhan Ngo 11803 Plumbrook Drive Houston TX 77094	247.94

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 249/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/03/2003	Nick Stricklen 4402 Coyle Street Houston TX 77023	300.00

8 Purpose of expenditure (See instructions regarding type of information required.)
UH tailgate party-food

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 ($)
10/15/2003	Nicolaos Somarakis 2212 Decatur Houston TX 77007	147.76

Purpose of expenditure (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 ($)
09/30/2003	Nicolaos Somarakis 2212 Decatur Houston TX 77007	214.26

Purpose of expenditure (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 ($)
10/02/2003	North East Harris County Ministers Alliance 8602 Tidwell Houston TX 77028	2000.00

Purpose of expenditure (See instructions regarding type of information required.)
block walks and literature

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 250/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Northern Trust Bank 2701 Kirby Drive Houston TX 77098	98.16

8 Purpose of expenditure (See instructions regarding type of information required.)
Banking

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 ($)
10/14/2003	Northern Trust Bank 2701 Kirby Drive Houston TX 77098	3.00

Purpose of expenditure (See instructions regarding type of information required.)
Banking

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 ($)
09/26/2003	Northern Trust Bank 2701 Kirby Drive Houston TX 77098	10.00

Purpose of expenditure (See instructions regarding type of information required.)
Banking

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 ($)
10/14/2003	Northern Trust Bank 2701 Kirby Drive Houston TX 77098	3.00

Purpose of expenditure (See instructions regarding type of information required.)
Banking

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 251/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Ofelia M. Parreno 4400 Memorial Drive Houston TX 77007	44.34

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Ofelia M. Parreno 4400 Memorial Drive Houston TX 77007	33.25

Purpose of expenditure (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 ($)
10/20/2003	Roy Orta, Jr. 815 Joyce Houston TX 77009	60.75

Purpose of expenditure (See instructions regarding type of information required.)
gas,food,etc.

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 ($)
10/05/2003	Juan Ortiz 814 Woodvine Houston TX 77017	67.96

Purpose of expenditure (See instructions regarding type of information required.)
water,supplies

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 252/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Juan Ortiz 814 Woodvine Houston TX 77017	21.61

8 Purpose of expenditure (See instructions regarding type of information required.)
reimb for supplies

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 ($)
10/15/2003	Juan Ortiz 814 Woodvine Houston TX 77017	650.05

Purpose of expenditure (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 ($)
09/30/2003	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1627.29

Purpose of expenditure (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 ($)
10/15/2003	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1627.29

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 253/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/08/2003	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	64.95

8 Purpose of expenditure (See instructions regarding type of information required.)
chargers

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 ($)
10/02/2003	Park Place Arms 8407 Park Place Blvd. Houston TX 77017	975.00

Purpose of expenditure (See instructions regarding type of information required.)
Rent

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 ($)
10/05/2003	Park Place Arms 8407 Park Place Blvd. Houston TX 77017	975.00

Purpose of expenditure (See instructions regarding type of information required.)
rent

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 ($)
10/08/2003	Paul A. Colby 306 Willard Street Houston TX 77006	160.00

Purpose of expenditure (See instructions regarding type of information required.)
videos

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 254/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	Paul A. Colby 306 Willard Street Houston TX 77006	30.00

8 Purpose of expenditure (See instructions regarding type of information required.)
videos

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 ($)
10/23/2003	Paul A. Colby 306 Willard Street Houston TX 77006	400.00

Purpose of expenditure (See instructions regarding type of information required.)
Video Duplication

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 ($)
09/30/2003	Paul Villareal 246 Shotwell Houston TX 77020	44.34

Purpose of expenditure (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 ($)
10/15/2003	Paul Villareal 246 Shotwell Houston TX 77020	371.47

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 255/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Paul Yarida 11411 Pagoda Drive Stafford TX 77477	123.75

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Paula Zimmer 5625 DeSoto Drive #5104 Houston TX 77091	155.14

Purpose of expenditure (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 ($)
10/08/2003	Payne Cathedral of Faith AME Church 2710 Lee Street Houston TX 77026	400.00

Purpose of expenditure (See instructions regarding type of information required.)
table at anniversary banquet

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	Percy Williams,Jr. 5914 Brestshire Drive Houston TX 77016	923.50

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 256/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Peter Walbridge 814 Riedel Dr. Houston TX 77024	576.26

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Peter Walbridge 814 Riedel Dr. Houston TX 77024	273.36

Purpose of expenditure (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 ($)
10/20/2003	Pilgrim Congregational United Church of Christ 3115 Blodgett Houston TX 77004	500.00

Purpose of expenditure (See instructions regarding type of information required.)
breakfast

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 ($)
10/08/2003	Radio Saigon Houston 5821 Southwest Fwy #610 Houston TX 77057	350.00

Purpose of expenditure (See instructions regarding type of information required.)
media

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 257/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Regina Sauls 7631 Sterlingshire Houston TX 77016	508.87

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Regina Sauls 7631 Sterlingshire Houston TX 77016	194.28

Purpose of expenditure (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 ($)
09/30/2003	Rehana Manji 6818 Chessley Chase Sugar Land TX 77479	81.26

Purpose of expenditure (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 ($)
10/15/2003	Rehana Manji 6818 Chessley Chase Sugar Land TX 77479	669.42

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 258/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/23/2003	Richard Lapin 2000 Bagby #5401 Houston TX 77002	54.13

8 Purpose of expenditure (See instructions regarding type of information required.)
parking,supplies

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 ($)
10/15/2003	Richard Lapin 2000 Bagby #5401 Houston TX 77002	1603.46

Purpose of expenditure (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 ($)
10/23/2003	Richard Lapin 2000 Bagby #5401 Houston TX 77002	21.91

Purpose of expenditure (See instructions regarding type of information required.)
Lunch Meeting

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 ($)
10/23/2003	Richard Lapin 2000 Bagby #5401 Houston TX 77002	15.00

Purpose of expenditure (See instructions regarding type of information required.)
events ticket

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 259/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/23/2003	Richard Lapin 2000 Bagby #5401 Houston TX 77002	37.89

8 Purpose of expenditure (See instructions regarding type of information required.)
reimb book purchase

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 ($)
09/30/2003	Richard Lapin 2000 Bagby #5401 Houston TX 77002	1603.46

Purpose of expenditure (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 ($)
10/23/2003	Richard Lapin 2000 Bagby #5401 Houston TX 77002	13.00

Purpose of expenditure (See instructions regarding type of information required.)
Parking

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 ($)
10/20/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	2745.12

Purpose of expenditure (See instructions regarding type of information required.)
media

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 260/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	460.06

8 Purpose of expenditure (See instructions regarding type of information required.)
Lapel Stickers Reprint

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 ($)
10/21/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	11.00

Purpose of expenditure (See instructions regarding type of information required.)
Yard Signs

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 ($)
10/21/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	1920.00

Purpose of expenditure (See instructions regarding type of information required.)
media

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 ($)
10/21/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	4091.85

Purpose of expenditure (See instructions regarding type of information required.)
printing,postage,

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 261/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	1031.10

8 Purpose of expenditure (See instructions regarding type of information required.)
printing

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 ($)
10/01/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	50000.00

Purpose of expenditure (See instructions regarding type of information required.)
media

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 ($)
09/30/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	25470.25

Purpose of expenditure (See instructions regarding type of information required.)
media

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 ($)
10/21/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	1196.40

Purpose of expenditure (See instructions regarding type of information required.)
Media

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 262/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	59.47

8 Purpose of expenditure (See instructions regarding type of information required.)
mail piece

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 ($)
10/21/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	1683.28

Purpose of expenditure (See instructions regarding type of information required.)
stationery

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 ($)
10/06/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	11925.50

Purpose of expenditure (See instructions regarding type of information required.)
media

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 ($)
10/21/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	1273.44

Purpose of expenditure (See instructions regarding type of information required.)
Dubs & Shipping

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 263/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	820.00

8 Purpose of expenditure (See instructions regarding type of information required.)
media

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 ($)
10/20/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	400.00

Purpose of expenditure (See instructions regarding type of information required.)
media

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 ($)
10/20/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	1533.60

Purpose of expenditure (See instructions regarding type of information required.)
media

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 ($)
10/20/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	3811.50

Purpose of expenditure (See instructions regarding type of information required.)
media

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 264/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	75.00

8 Purpose of expenditure (See instructions regarding type of information required.)
media

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 ($)
10/21/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	32.00

Purpose of expenditure (See instructions regarding type of information required.)
Pictures

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 ($)
10/21/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	2906.51

Purpose of expenditure (See instructions regarding type of information required.)
Door Hanger Re-print

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 ($)
10/06/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	55092.75

Purpose of expenditure (See instructions regarding type of information required.)
media

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 265/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21/2003	Rives Carlberg L.P. 2800 Post Oak Blvd. Suite 2400 Houston TX 77056	22123.04

8 Purpose of expenditure (See instructions regarding type of information required.)
Doorhangers/Push Cards

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 ($)
10/09/2003	Rm Crowe 5100 Westheimer Suite 231 Houston TX 77027	4454.71

Purpose of expenditure (See instructions regarding type of information required.)
extra A/C

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 ($)
10/03/2003	Rm Crowe 5100 Westheimer Suite 231 Houston TX 77027	6000.00

Purpose of expenditure (See instructions regarding type of information required.)
Rent

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 ($)
10/08/2003	Robert Gordon 15301 Dallas Parkway Suite 150 Addison TX 75001	6522.94

Purpose of expenditure (See instructions regarding type of information required.)
Consulting

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 266/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	Rom Ryan PO Box 130562 Houston TX 77219	1275.00

8 Purpose of expenditure (See instructions regarding type of information required.)
musicians for event

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 ($)
10/08/2003	Romero Orta 55 Lyerly Suite 110 Houston TX 77022	27.05

Purpose of expenditure (See instructions regarding type of information required.)
phone chargers

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 ($)
09/30/2003	Rosalyn Lee 8903 County Road 887 Manvel TX 77578	199.46

Purpose of expenditure (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 ($)
10/15/2003	Rosalyn Lee 8903 County Road 887 Manvel TX 77578	246.31

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 267/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/09/2003	SBC P.O. Box 3025 Houston TX 77097-0043	3019.62

8 Purpose of expenditure (See instructions regarding type of information required.)
Phones

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 ($)
10/15/2003	Sandra Lee Shafto 7201 Avenue B Bellaire TX 77401	65.00

Purpose of expenditure (See instructions regarding type of information required.)
Bus ticket

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	Sandra Lee Shafto 7201 Avenue B Bellaire TX 77401	341.30

Purpose of expenditure (See instructions regarding type of information required.)
Drinks for office

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 ($)
09/30/2003	Sharon Davis 8335 Bird Meadow Lane Missouri City TX 77489	8500.00

Purpose of expenditure (See instructions regarding type of information required.)
field program

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 268/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/16/2003	Sharon Davis 8335 Bird Meadow Lane Missouri City TX 77489	950.00

8 Purpose of expenditure (See instructions regarding type of information required.)
field program

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 ($)
09/30/2003	Sharon Davis 8335 Bird Meadow Lane Missouri City TX 77489	5000.00

Purpose of expenditure (See instructions regarding type of information required.)
field program

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 ($)
10/16/2003	Sharon Davis 8335 Bird Meadow Lane Missouri City TX 77489	17270.00

Purpose of expenditure (See instructions regarding type of information required.)
field program

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 ($)
10/16/2003	Sharon Davis 8335 Bird Meadow Lane Missouri City TX 77489	1000.00

Purpose of expenditure (See instructions regarding type of information required.)
field program

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 269/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Sharon Haley 3011 A. Peach Hollow Pearland TX 77584	50.00

8 Purpose of expenditure (See instructions regarding type of information required.)
volunteer thank you

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 ($)
10/08/2003	Sharon Haley 3011 A. Peach Hollow Pearland TX 77584	107.11

Purpose of expenditure (See instructions regarding type of information required.)
food for S. Carrier

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 ($)
10/08/2003	Sharon Haley 3011 A. Peach Hollow Pearland TX 77584	325.14

Purpose of expenditure (See instructions regarding type of information required.)
food and drinks

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	Sharon Haley 3011 A. Peach Hollow Pearland TX 77584	1000.00

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 270/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Sharon Haley 3011 A. Peach Hollow Pearland TX 77584	1000.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Sharon Haley 3011 A. Peach Hollow Pearland TX 77584	149.95

Purpose of expenditure (See instructions regarding type of information required.)
web hosting reimb

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 ($)
10/22/2003	Sharon Haley 3011 A. Peach Hollow Pearland TX 77584	74.69

Purpose of expenditure (See instructions regarding type of information required.)
Reimb for vol expenses

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 ($)
10/22/2003	Sharon Haley 3011 A. Peach Hollow Pearland TX 77584	98.37

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. Verio web hosting

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 271/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Sharon Haley 3011 A. Peach Hollow Pearland TX 77584	237.81

8 Purpose of expenditure (See instructions regarding type of information required.)
office supplies

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 ($)
10/15/2003	Sheila Page 12345 Bob White #1502 Houston TX 77025	328.77

Purpose of expenditure (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 ($)
09/30/2003	Sheila Page 12345 Bob White #1502 Houston TX 77025	129.29

Purpose of expenditure (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 ($)
10/15/2003	Joe Siff 1904 Bissonnet Houston TX 77005-1645	27.67

Purpose of expenditure (See instructions regarding type of information required.)
phone cords--reimb

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 272/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Joe Siff 1904 Bissonnet Houston TX 77005-1645	41.13

8 Purpose of expenditure (See instructions regarding type of information required.)
food for field staff

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 ($)
10/15/2003	Joe Siff 1904 Bissonnet Houston TX 77005-1645	46.56

Purpose of expenditure (See instructions regarding type of information required.)
supplies for museum dist office

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	Joe Siff 1904 Bissonnet Houston TX 77005-1645	11.98

Purpose of expenditure (See instructions regarding type of information required.)
supplies

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	Sirichat Sriyunyongwat 7907 Mosewood Houston TX 77040	77.57

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 273/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Sirichat Sriyunyongwat 7907 Mosewood Houston TX 77040	190.24

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/03/2003	Spencer Zach 2425 Augusta Road Apt. 29 Houston TX 77057	168.75

Purpose of expenditure (See instructions regarding type of information required.)
reimb gasoline,ice,food

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 ($)
09/30/2003	Spencer Zach 2425 Augusta Road Apt. 29 Houston TX 77057	1036.88

Purpose of expenditure (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 ($)
10/22/2003	Spencer Zach 2425 Augusta Road Apt. 29 Houston TX 77057	262.23

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. Gas & Ice

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 274/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Spencer Zach 2425 Augusta Road Apt. 29 Houston TX 77057	1036.87

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/17/2003	SPJC 9211 Dulcimer Street Houston TX 77051	200.00

Purpose of expenditure (See instructions regarding type of information required.)
Precinct Judges Annual Breakfast

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 ($)
09/30/2003	Sprint Digital Print 10100 Clay Road Suite C Houston TX 77080	21920.63

Purpose of expenditure (See instructions regarding type of information required.)
signs

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 ($)
10/20/2003	Sprint Digital Print 10100 Clay Road Suite C Houston TX 77080	17671.81

Purpose of expenditure (See instructions regarding type of information required.)
signs

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 275/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Stephen Payne 2501 Westridge #148 Houston TX 77054	343.73

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/15/2003	Stephen Payne 2501 Westridge #148 Houston TX 77054	445.07

Purpose of expenditure (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 ($)
09/30/2003	SugarHill Recording Studios 5626 Brock Street Houston TX 77023	471.00

Purpose of expenditure (See instructions regarding type of information required.)
media

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	Susybelle Zook 1702 Morse Street Houston TX 77019	1333.41

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 276/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Susybelle Zook 1702 Morse Street Houston TX 77019	1333.42

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/09/2003	Susybelle Zook 1702 Morse Street Houston TX 77019	200.00

Purpose of expenditure (See instructions regarding type of information required.)
Health insurance

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 ($)
10/09/2003	Brian K. Swain 2422 Netherwood Court Pearland TX 77584	10.00

Purpose of expenditure (See instructions regarding type of information required.)
parking

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 ($)
09/30/2003	Taylor Kirk 3736 Arnold Houston TX 77041	920.81

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

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

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

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 277/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/05/2003	Taylor Kirk 3736 Arnold Houston TX 77041	264.27

8 Purpose of expenditure (See instructions regarding type of information required.)
food,gas for walkers

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 ($)
10/15/2003	Taylor Kirk 3736 Arnold Houston TX 77041	920.81

Purpose of expenditure (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 ($)
10/20/2003	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	100.74

Purpose of expenditure (See instructions regarding type of information required.)
Office supplies

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 ($)
10/08/2003	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	1109.19

Purpose of expenditure (See instructions regarding type of information required.)
office supplies

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 278/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/2003	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	259.69

8 Purpose of expenditure (See instructions regarding type of information required.)
Office supplies

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 ($)
10/17/2003	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	60.10

Purpose of expenditure (See instructions regarding type of information required.)
Office supplies

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 ($)
09/30/2003	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	391.17

Purpose of expenditure (See instructions regarding type of information required.)
Office supplies

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 ($)
09/30/2003	Thao Nguyen 10515 Stockman Lane Sugar Land TX 77478	277.59

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 279/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Thao Nguyen 10515 Stockman Lane Sugar Land TX 77478	364.90

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/08/2003	The Archer Nathan Group The Scarbrough Building 101 West 6th Street Austin TX 78701	3750.00

Purpose of expenditure (See instructions regarding type of information required.)
Consulting/field management

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 ($)
10/21/2003	The Hilton Corporation 9336 Civic Center Drive Beverly Hills, California 90210	3000.00

Purpose of expenditure (See instructions regarding type of information required.)
Deposit for room rental on election nigh

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 ($)
10/08/2003	The Marcie L. Keys Activity Center 8302 Colonial Lane Houston TX 77051	100.00

Purpose of expenditure (See instructions regarding type of information required.)
booth

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

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

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 280/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/12/2003	Thomas Hauser 412 W. Clay Houston TX 77019	601.37

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Thomas Hauser 412 W. Clay Houston TX 77019	804.75

Purpose of expenditure (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 ($)
10/15/2003	Tiffany Bergman 4838 Waynesboro Drive Houston TX 77035	40.65

Purpose of expenditure (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 ($)
09/30/2003	Tiffany Bergman 4838 Waynesboro Drive Houston TX 77035	151.45

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 281/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Tiwari Khavischal 8300 El Mundo #620 Houston TX 77054	68.34

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
09/30/2003	Tiwari Khavischal 8300 El Mundo #620 Houston TX 77054	107.13

Purpose of expenditure (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 ($)
10/17/2003	Triet Nguyen 15130 Jordan Oaks Houston TX 77053	687.50

Purpose of expenditure (See instructions regarding type of information required.)
computer 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 ($)
10/08/2003	Triet Nguyen 15130 Jordan Oaks Houston TX 77053	675.00

Purpose of expenditure (See instructions regarding type of information required.)
computer consulting

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 282/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21/2003	Triet Nguyen 15130 Jordan Oaks Houston TX 77053	311.74

8 Purpose of expenditure (See instructions regarding type of information required.)
Reimb. for computer supplies

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 ($)
10/17/2003	Triet Nguyen 15130 Jordan Oaks Houston TX 77053	951.76

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. for computers

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 ($)
10/22/2003	Ttweak 4910 Main Street Houston TX 77002	27875.00

Purpose of expenditure (See instructions regarding type of information required.)
Media

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 ($)
10/07/2003	U. S. Postmaster Barbara Jordan Main Post Office Houston TX 77201-9998	1480.00

Purpose of expenditure (See instructions regarding type of information required.)
postage

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 283/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/07/2003	U. S. Postmaster Barbara Jordan Main Post Office Houston TX 77201-9998	666.00

8 Purpose of expenditure (See instructions regarding type of information required.)
postage

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 ($)
10/01/2003	U. S. Postmaster Barbara Jordan Main Post Office Houston TX 77201-9998	185.00

Purpose of expenditure (See instructions regarding type of information required.)
postage

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 ($)
10/07/2003	U. S. Postmaster Barbara Jordan Main Post Office Houston TX 77201-9998	211.00

Purpose of expenditure (See instructions regarding type of information required.)
Postage

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 ($)
09/29/2003	U. S. Postmaster Barbara Jordan Main Post Office Houston TX 77201-9998	444.00

Purpose of expenditure (See instructions regarding type of information required.)
postage

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 284/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/29/2003	U. S. Postmaster Barbara Jordan Main Post Office Houston TX 77201-9998	2567.80

8 Purpose of expenditure (See instructions regarding type of information required.)
postage

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 ($)
09/29/2003	U. S. Postmaster Barbara Jordan Main Post Office Houston TX 77201-9998	734.20

Purpose of expenditure (See instructions regarding type of information required.)
postage

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 ($)
10/07/2003	U. S. Postmaster Barbara Jordan Main Post Office Houston TX 77201-9998	74.00

Purpose of expenditure (See instructions regarding type of information required.)
postage

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 ($)
10/07/2003	U. S. Postmaster Barbara Jordan Main Post Office Houston TX 77201-9998	69.00

Purpose of expenditure (See instructions regarding type of information required.)
postage

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 285/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/01/2003	U. S. Postmaster Barbara Jordan Main Post Office Houston TX 77201-9998	444.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Postage

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 ($)
10/01/2003	U. S. Postmaster Barbara Jordan Main Post Office Houston TX 77201-9998	1221.00

Purpose of expenditure (See instructions regarding type of information required.)
postage

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	Vanessa Salinas 5880 W. Gulf Bank #2108 Houston TX 77088	262.27

Purpose of expenditure (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 ($)
09/30/2003	Vernon Irvin-Smith 20206 Honey Locust Hill Drive Spring TX 77388	129.29

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

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder 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 report: 286/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Vernon Irvin-Smith 20206 Honey Locust Hill Drive Spring TX 77388	233.13

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/20/2003	Versailles Entertainment 9219 South Main Houston TX 77054	700.00

Purpose of expenditure (See instructions regarding type of information required.)
GOTV

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 ($)
10/08/2003	Vic King 6669 Fairfield Houston TX 77023	206.93

Purpose of expenditure (See instructions regarding type of information required.)
refreshments cien latinas

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 ($)
10/08/2003	Vin de Garde 3311 Sul Ross Houston TX 77098	200.00

Purpose of expenditure (See instructions regarding type of information required.)
room charge for dinner

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 287/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/02/2003	VIP Consulting	3000.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Field consulting

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 ($)
10/20/2003	VMS 330 W. 42nd Street New York NY 10036	1163.00

Purpose of expenditure (See instructions regarding type of information required.)
press clips

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	Western Lithograph 4335 Directors Row Houston TX 77092	775.07

Purpose of expenditure (See instructions regarding type of information required.)
stationery

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 ($)
10/09/2003	Western Lithograph 4335 Directors Row Houston TX 77092	1546.89

Purpose of expenditure (See instructions regarding type of information required.)
stationery/invitation

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

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POLITICAL EXPENDITURES

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1 Total pages report: 288/290

2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2003	Western Lithograph 4335 Directors Row Houston TX 77092	3503.78

8 Purpose of expenditure (See instructions regarding type of information required.)
stationery/invitations

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 ($)
10/15/2003	Western Lithograph 4335 Directors Row Houston TX 77092	2056.75

Purpose of expenditure (See instructions regarding type of information required.)
stationery/invitations

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	William Kelly 4402 Coyle Houston TX 77023	824.12

Purpose of expenditure (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 ($)
10/05/2003	William Kelly 4402 Coyle Houston TX 77023	102.38

Purpose of expenditure (See instructions regarding type of information required.)
gas,copies,food

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

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 289/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/2003	William Kelly 4402 Coyle Houston TX 77023	50.00

8 Purpose of expenditure (See instructions regarding type of information required.)
gas

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 ($)
09/30/2003	William Kelly 4402 Coyle Houston TX 77023	669.42

Purpose of expenditure (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 ($)
10/01/2003	Beverly Williams 8655 Candy Houston TX 77029	366.43

Purpose of expenditure (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 ($)
10/15/2003	Beverly Williams 8655 Candy Houston TX 77029	507.36

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 290/290

2 FILER NAME
Mr. William H. White

3 ACCOUNT # (Ethics Commission filers)
C00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/30/2003	Beverly Williams 8655 Candy Houston TX 77029	400.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Net payroll

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 ($)
10/08/2003	Yolanda Alvardo 6669 Fairfield Road Houston TX 77023	334.30

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. food and drinks

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 ($)
10/08/2003	Yolanda Alvardo 6669 Fairfield Road Houston TX 77023	120.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimb. food and drinks

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