

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1 ACCOUNT #	2 Total pages filed: 2
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Marc S	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Whitehead		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	
	10 / 28 / 01	THROUGH 12 / 31 / 01	

Date Received

Date Hand-delivered or Date Postmarked
JUL 15 2002

Receipt # _____ Amount _____

Legal Totals

Date Processed _____

Date Imaged _____

6 EXPLANATION OF CORRECTION

Several expenses were left off my January 15, 2002 post-election report due to a miscommunication between my consultant and me. I discovered these as I prepared to file my July 15 report for 2002. I have attached an itemized list of the expenses. The total for political expenditures on the January 15, 2002 report is \$ 6018.00

7 AFFIDAVIT

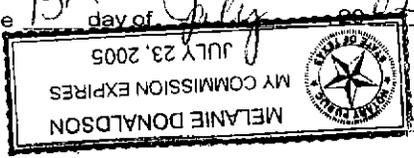
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Marc Whitehead this the 15th day of July, 2002

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



Melanie Donaldson Melanie Donaldson

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 1
2 FILER NAME Marc Whitehead		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/06/2001	5 Payee name Southwestern Bank 6 Payee address; City; State; Zip Code P.O. Box 27459 Houston TX 77227	7 Amount (\$) 25.00
8 Purpose of expenditure (See instructions regarding type of information required.) Bank Fee		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/08/2001	Payee name Southwestern Bank Payee address; City; State; Zip Code P.O. Box 27459 Houston TX 77227	Amount (\$) 25.00
Purpose of expenditure (See instructions regarding type of information required.) Bank Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/10/2001	Payee name The Kaleidoscope Group Payee address; City; State; Zip Code 5757 Woodway Dr Houston TX 77227	Amount (\$) 710.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting Service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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 this report: 4
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS		ADDRESS / PO BOX:	APT / SUITE #:
<input type="checkbox"/> Change of Address		440 Louisiana, Suite 675	Houston TX 77002
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:
		8617 Cedardale	Houston TX 77055
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	() -		
8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month	Day	Year
	01/01/2002	THROUGH	06/30/2002
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11/06/2001	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			City Council at Large Position 3
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address: PO Box, Apt. / Suite #, City, State, Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Marc Whitehead

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

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

\$ 0.00

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

\$ 950.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

OUTSTANDING LOAN TOTALS

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

\$ 0.00

19 AFFIDAVIT

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

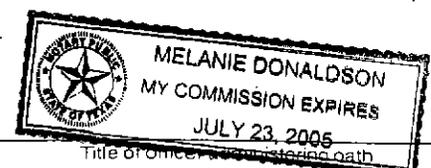
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP SEAL ABOVE

Sworn to and subscribed before me, by the said Marc Whitehead this the 15th day of July, 20 02, to certify which, witness my hand and seal of office.

Melanie Donaldson
Signature of officer administering oath

Melanie Donaldson
Printed name of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 2	
2 FILER NAME: Marc Whitehead CC		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/4/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC A. A. Henderson	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 1/14/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dinesh H. Singhal	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 1/18/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Leonard Anderson	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 1/24/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alexander B. Klein	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 2/12/2002	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gwen E. Richard	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **2**2 FILER NAME: **Marc Whitehead CC**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full Name of Contributor:	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code			

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date	5 Full Name of Contributor:	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
3/4/2002	Bill Morse		\$50.00	
	6 Contributor Address: City, State, Zip Code			

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date	5 Full Name of Contributor:	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code			

9 Principal Occupation (Optional): 10 Employer (Optional):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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