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: 24

OFFICE USE ONLY

Date Received: RECEIVED OCT 1 2005 CITY SECRETARY

Date Hand-delivered or Date Postmarked

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

109 N. Post Oak Lane
Suite 350
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, Texas 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: 7 / 1 / 2005 THROUGH Month Day Year: 9 / 29 / 2005

11 ELECTION

ELECTION DATE Month Day Year: 11 / 8 / 2005

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Mayor, City of Houston

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 William H. White

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

☐ additional pages

COMMITTEE NAME: Friends of Bill White

COMMITTEE ADDRESS: 109 N. Post Oak Lane, Suite 350 Houston, Texas 77024

COMMITTEE CAMPAIGN TREASURER NAME: Matt Simmons

COMMITTEE CAMPAIGN TREASURER ADDRESS: 700 Louisiana, Suite 5000 Houston, Texas 77002

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 10,000.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 77,909.61
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 290.34
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

Kathy L. Kimich
Notary Public
State of Texas
Expires 7-19-2008

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill White, this the 10th day of Oct, 2005, to certify which, witness my hand and seal of office.

Kathy L Kimich	Kathy L. Kimich	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 3/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/25/2005	Shelly Ann Marks 6 Contributor address; City; State; Zip Code [redacted] Houston TX 77019	5000.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
08/25/2005	Irving W. Marks Contributor address; City; State; Zip Code [redacted] Houston TX 77025	5000.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 4/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/15/2005	Alliance Payroll Service 12707 North Freeway Suite 320 Houston TX 77060	352.53

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

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 ($)
08/01/2005	American Communication Services,Inc. 55 Lyerly,Suite 110 Houston TX 77022	95.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/15/2005	Alliance Payroll Service 12707 North Freeway Suite 320 Houston TX 77060	352.54

Purpose of payment (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 ($)
07/23/2005	Novasys Technologies 15211 Vista Heights Drive Cypress TX 77429	70.00

Purpose of payment (See instructions regarding type of information required.)
Computer 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 PAGE # 5/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/23/2005	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	1055.44

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

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 ($)
07/15/2005	Laura Schlameus 1900 Lexington St. Houston TX 77098-4220	1000.00

Purpose of payment (See instructions regarding type of information required.)
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 ($)
08/01/2005	Bering's Hardware 3900 Bissonnet Houston TX 77005	247.20

Purpose of payment (See instructions regarding type of information required.)
Reimb. Patsi Ferguson - 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 ($)
07/23/2005	Edward M. Shack 814 San Jacinto Blvd. Suite 202 Austin TX 78701	660.00

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

** 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 PAGE # 6/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/23/2005	Blakely & Bandy,Inc. 6363 Woodway Suite 275 Houston TX 77057	165.00

8 Purpose of payment (See instructions regarding type of information required.)
Accounting 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 ($)
08/01/2005	Tejas Office Products,Inc. 1225 W. 20th Street Houston TX 77008	6.50

Purpose of payment (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 ($)
07/23/2005	Carlos Javier Sanchez 2012 31st Street Galveston TX 77550	2150.00

Purpose of payment (See instructions regarding type of information required.)
Photography 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 ($)
07/27/2005	Articulated Man Inc. 1508 W. Sunnyside Avenue Chicago IL 60640	3750.00

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

** 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 PAGE # 7/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/15/2005	Sharon Haley 3011 S. Peach Hollow Pearland TX 77584	1500.00

8 Purpose of payment (See instructions regarding type of information required.)
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 ($)
07/29/2005	Sharon Haley 3011 S. Peach Hollow Pearland TX 77584	925.00

Purpose of payment (See instructions regarding type of information required.)
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 ($)
08/03/2005	American Express P.O. Box 53852 Phoenix AZ 85072	5.00

Purpose of payment (See instructions regarding type of information required.)
Credit card 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 ($)
08/03/2005	Paymentech P.O. Box 6600 Hagerstown MD 21741-6600	27.50

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

** 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 PAGE # 8/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) --

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/23/2005	Digital Railroad 116 E. 16th Street,12th Floor New York NY 10003	588.96

8 Purpose of payment (See instructions regarding type of information required.)
Reimb. Outreach Strategists - photo host

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 ($)
07/15/2005	Susybelle G. Zook 1602 McDonald Houston TX 77007	2103.75

Purpose of payment (See instructions regarding type of information required.)
Contract 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 ($)
07/15/2005	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	33.00

Purpose of payment (See instructions regarding type of information required.)
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 ($)
07/29/2005	Susybelle G. Zook 1602 McDonald Houston TX 77007	170.00

Purpose of payment (See instructions regarding type of information required.)
Contract 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 PAGE # 9/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/23/2005	Novasys Technologies 15211 Vista Heights Drive Cypress TX 77429	85.67

8 Purpose of payment (See instructions regarding type of information required.)
Computer 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 ($)
08/15/2005	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1082.79

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/01/2005	Smyser,Kaplan & Veselka,L.L.P. 700 Louisiana Suite 2300 Houston TX 77002	570.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/01/2005	NGP Software,Inc. 5505 Connecticut Avenue NW Pmb 277 Washington DC 20015	500.00

Purpose of payment (See instructions regarding type of information required.)
Quickbooks import 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 PAGE # 10/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/23/2005	Office Max 1576 W. Gray Houston TX 77019	248.92

8 Purpose of payment (See instructions regarding type of information required.)
Supplies for mailings

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 ($)
07/29/2005	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1082.78

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/01/2005	MedQuist P.O. Box 10832 Newark NJ 07193-0832	101.76

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/29/2005	Laura Schlameus 1900 Lexington St. Houston TX 77098-4220	1000.00

Purpose of payment (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 11/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/01/2005	Ttweak 4904 Travis Street Houston TX 77002	5000.00

8 Purpose of payment (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 ($)
07/23/2005	Fetch Softworks P. O. Box 72 Etna NH 03750	25.00

Purpose of payment (See instructions regarding type of information required.)
Reimb. Outreach Strategists - software

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/23/2005	Sam's Club 5310 South Rice Avenue Houston TX 77081	21.03

Purpose of payment (See instructions regarding type of information required.)
Reimb. S. Haley - coffee and utensils

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/29/2005	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	5.50

Purpose of payment (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 12/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/01/2005	Hotshot P.O. Box 701189 Houston TX 77270-1189	73.55

8 Purpose of payment (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 ($)
08/01/2005	Houston Image Group 900 Bagby Houston TX 77002	500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/29/2005	Alliance Payroll Service 12707 North Freeway Suite 320 Houston TX 77060	352.55

Purpose of payment (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 ($)
07/23/2005	Peoplefinders 1821 Q Street Sacramento CA 95814	239.40

Purpose of payment (See instructions regarding type of information required.)
Reimb. to K. Moses for research

** 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 PAGE # 13/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/01/2005	The Ammerman Experience 4800 Sugar Grove Blvd. Suite 400 Stafford TX 77477	300.00

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

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 ($)
08/18/2005	Northern Trust Bank 2701 Kirby Drive Houston TX 77098	30.00

Purpose of payment (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 ($)
09/05/2005	Paymentech P.O. Box 6600 Hagerstown MD 21741-6600	27.50

Purpose of payment (See instructions regarding type of information required.)
Credit card 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 ($)
07/23/2005	Hilton Americas - Houston 1600 Lamar Houston TX 77010	552.55

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

** 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 PAGE # 14/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/15/2005	Pam Rosenauer 5711 Sugar Hill #68 Houston TX 77057	1082.80

8 Purpose of payment (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 ($)
07/23/2005	Western 4335 Directors Row Houston TX 77092	568.31

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/15/2005	Bette John 15599 Memorial Houston TX 77079	1417.50

Purpose of payment (See instructions regarding type of information required.)
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 ($)
07/23/2005	Sprint Digital Print 10100 Clay Road,Suite C Houston TX 77080	293.57

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

** 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 PAGE # 15/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/27/2005	RM Crowe 50 Briar Hollow Suite 365w Houston TX 77027	3000.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/15/2005	Sharon Haley 3011 S. Peach Hollow Pearland TX 77584	925.00

Purpose of payment (See instructions regarding type of information required.)
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 ($)
08/01/2005	Hotshot P.O. Box 701189 Houston TX 77270-1189	153.05

Purpose of payment (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 ($)
07/27/2005	Scalable Software 720 N. Post Oak Road,Suite 500 Houston TX 77024	2500.00

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

** 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 PAGE # 16/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/15/2005	Kathleen Moses 1538 Allston Houston TX 77008	3915.00

8 Purpose of payment (See instructions regarding type of information required.)
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 ($)
07/05/2005	American Express P.O. Box 53852 Phoenix AZ 85072	5.00

Purpose of payment (See instructions regarding type of information required.)
Credit card 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 ($)
08/15/2005	Alliance Payroll Service 12707 North Freeway Suite 320 Houston TX 77060	59.70

Purpose of payment (See instructions regarding type of information required.)
Payroll 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 ($)
07/11/2005	Info Vine Inc. P.O. Box 2706 Houston TX 77252-2706	283.11

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

** 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 PAGE # 17/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/15/2005	Alliance Payroll Service 12707 North Freeway Suite 320 Houston TX 77060	56.07

8 Purpose of payment (See instructions regarding type of information required.)
Payroll 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 ($)
07/05/2005	Butrum & Associates 109 N. Post Oak Lane #350 Houston TX 77024	12500.00

Purpose of payment (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 ($)
08/15/2005	Jenny Bailey 1553 Bracher Houston TX 77055	461.54

Purpose of payment (See instructions regarding type of information required.)
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 ($)
07/23/2005	Camera Bits,Inc. 4055 NW Columbia Ave. Portland OR 97229	150.00

Purpose of payment (See instructions regarding type of information required.)
Reimb. Outreach Strategists - Software

** 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 PAGE # 18/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/01/2005	Ttweak 4904 Travis Street Houston TX 77002	50.00

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

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 ($)
07/23/2005	Novasys Technologies 15211 Vista Heights Drive Cypress TX 77429	198.33

Purpose of payment (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 ($)
07/29/2005	Alliance Payroll Service 12707 North Freeway Suite 320 Houston TX 77060	55.86

Purpose of payment (See instructions regarding type of information required.)
Payroll 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 ($)
07/15/2005	Bette John 15599 Memorial Houston TX 77079	850.50

Purpose of payment (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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 19/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/15/2005	Susybelle G. Zook 1602 McDonald Houston TX 77007	701.25

8 Purpose of payment (See instructions regarding type of information required.)
Contract 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 ($)
08/01/2005	Ttweak 4904 Travis Street Houston TX 77002	5000.00

Purpose of payment (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 ($)
07/27/2005	U.S. Postmaster 315 Addicks Houston TX 77079	5000.00

Purpose of payment (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 ($)
07/23/2005	Mi Cocina Restaurant 6401 Woodway Drive Houston TX 77057	192.88

Purpose of payment (See instructions regarding type of information required.)
Reimb. S. Haley - Luncheon for staff

** 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 PAGE # 20/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/05/2005	American Express P.O. Box 53852 Phoenix AZ 85072	5.00

8 Purpose of payment (See instructions regarding type of information required.)
Credit card fee

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 ($)
08/01/2005	Road Runner Couriers,Inc. 720 West 6th Street Houston TX 77007	15.00

Purpose of payment (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 ($)
08/15/2005	Laura Schlameus 1900 Lexington St. Houston TX 77098-4220	1000.00

Purpose of payment (See instructions regarding type of information required.)
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 ($)
08/01/2005	Ttweak 4904 Travis Street Houston TX 77002	5000.00

Purpose of payment (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 PAGE # 21/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/15/2005	Brooke Nichols 15918 Highland Brook Dr. Houston TX 77083	16.50

8 Purpose of payment (See instructions regarding type of information required.)
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 ($)
07/05/2005	Paymentech P.O. Box 6600 Hagerstown MD 21741-6600	27.50

Purpose of payment (See instructions regarding type of information required.)
Credit card 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 ($)
07/29/2005	Bette John 15599 Memorial Houston TX 77079	580.50

Purpose of payment (See instructions regarding type of information required.)
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 ($)
07/29/2005	Kathleen Moses 1538 Allston Houston TX 77008	540.00

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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 22/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
07/27/2005	WSB Office Houston LLC 109 North Post Oak Lane Houston TX 77024	2199.98

8 Purpose of payment (See instructions regarding type of information required.)
PM Realty - rent

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
07/27/2005	WSB Office Houston LLC 109 North Post Oak Lane Houston TX 77024	137.63

Purpose of payment (See instructions regarding type of information required.)
PM Realty - estimated expense recovery

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
07/27/2005	WSB Office Houston LLC 109 North Post Oak Lane Houston TX 77024	414.27

Purpose of payment (See instructions regarding type of information required.)
Baseline Apex Imagine - toner

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
07/27/2005	WSB Office Houston LLC 109 North Post Oak Lane Houston TX 77024	97.42

Purpose of payment (See instructions regarding type of information required.)
PM Realty - parking

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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 23/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
07/27/2005	WSB Office Houston LLC 109 North Post Oak Lane Houston TX 77024	26.32

8 Purpose of payment (See instructions regarding type of information required.)
PM Realty - utilities

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
07/27/2005	WSB Office Houston LLC 109 North Post Oak Lane Houston TX 77024	25.00

Purpose of payment (See instructions regarding type of information required.)
Alliance Payroll Service - payroll serv.

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
07/27/2005	WSB Office Houston LLC 109 North Post Oak Lane Houston TX 77024	333.34

Purpose of payment (See instructions regarding type of information required.)
Bette John - payroll

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
07/27/2005	WSB Office Houston LLC 109 North Post Oak Lane Houston TX 77024	13.84

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

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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # 24/24

2 FILER NAME William H. White

3 ACCOUNT # (Ethics Commission filers) –

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
07/27/2005	WSB Office Houston LLC 109 North Post Oak Lane Houston TX 77024	403.50

8 Purpose of payment (See instructions regarding type of information required.)
SBC - telephone services

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
07/27/2005	WSB Office Houston LLC 109 North Post Oak Lane Houston TX 77024	31.52

Purpose of payment (See instructions regarding type of information required.)
Tejas Office Products - supplies

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
07/27/2005	WSB Office Houston LLC 109 North Post Oak Lane Houston TX 77024	566.40

Purpose of payment (See instructions regarding type of information required.)
Hazel Mitchell - salary

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