

# 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)

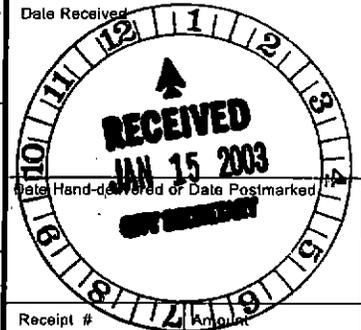
2 Total pages filed:

6

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
Mr. William H.  
NICKNAME LAST SUFFIX  
Bill White

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1415 Louisiana Street, Suite 2250  
Houston, Texas 77002

Change of Address

Receipt #

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
Mr. Matt  
NICKNAME LAST SUFFIX  
Simmons

6 CAMPAIGN TREASURER ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
700 Louisiana, Suite 500  
Houston, Texas 77002

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(713) 236-9999

8 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)

9 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
10 / 31 / 02    THROUGH    12 / 31 / 02

10 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     General     Special  
11 / 04 / 03

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Mayor

13 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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

William H. White

15 ACCOUNT # (Ethics Commission filers)

16 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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

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

\$50,000.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$45,897.39

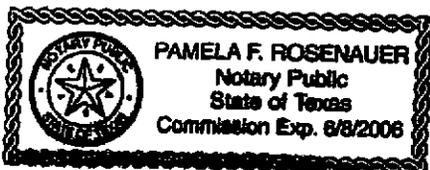
OUTSTANDING LOAN TOTALS

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

\$

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.



Bill White

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William H. (Bill) White, this the 15<sup>th</sup> day of Jan, 20 03, to certify which, witness my hand and seal of office.

Pamela F. Rosenauer PAMELA F. ROSENAUER Executive Assistant  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G: <b>4</b>
2 FILER NAME William H. White	3 ACCOUNT # (Ethics Commission filers)

4 Date 12/13/02	5 Payee name Andrea Young .....	8 Amount (\$)  1600.00
	6 Payee address; City; State; Zip Code 5500 Sampson St., #2309, Houston, TX 77004	
	7 Purpose of expenditure (See instructions regarding type of information required.) Contractor	<input type="checkbox"/> Reimbursement from political contributions intended

Date 12/13/02	Payee name Michael Moore .....	Amount (\$)  3375.00
	Payee address; City; State; Zip Code 101 Stablewood Court, Houston, TX 77024	
	Purpose of expenditure (See instructions regarding type of information required.) Consultant Fee	<input type="checkbox"/> Reimbursement from political contributions intended

Date 12/13/02	Payee name TTweak .....	Amount (\$)  11,375.00
	Payee address; City; State; Zip Code 4910 Main Street, Houston, TX 77002	
	Purpose of expenditure (See instructions regarding type of information required.) Production consulting	<input type="checkbox"/> Reimbursement from political contributions intended

Date 12/19/02	Payee name Sharon Haley .....	Amount (\$)  545.00
	Payee address; City; State; Zip Code 3011 S. Peach Hollow, Pearland, TX 77584	
	Purpose of expenditure (See instructions regarding type of information required.) Contract labor/office support	<input type="checkbox"/> Reimbursement from political contributions intended

Date 12/13/02	Payee name TTweak .....	Amount (\$)  3750.00
	Payee address; City; State; Zip Code 4910 Main Street, Houston, TX 77002	
	Purpose of expenditure (See instructions regarding type of information required.) Website consulting	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <p style="text-align: center;">4</p>
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/19/02	5 Payee name Pollack Summit ..... 6 Payee address; City; State; Zip Code 4545 S. Pinemont, Houston, TX 77041	8 Amount (\$)  706.24  <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) Cabling, telephone & DSL		
Date 12/19/02	Payee name All Points Moving..... Payee address; City; State; Zip Code P. O. Box 2265, Houston, TX 77001	Amount (\$)  382.25  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Furniture move to campaign office		
Date 12/31/02	Payee name Michael Moore..... Payee address; City; State; Zip Code 101 Stablewood Court, Houston, TX 77024	Amount (\$)  3375.00  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Consultant Fee		
Date 12/31/02	Payee name Andrea Young..... Payee address; City; State; Zip Code 5500 Sampson St., #2309, Houston, TX 77004	Amount (\$)  1500.00  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Contractor		
Date 12/31/02	Payee name TTweak..... Payee address; City; State; Zip Code 4910 Main Street, HOUSTON, TX 77002	Amount (\$)  11,700.00  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Consulting, Network		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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1 Total pages Schedule G:

4

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
12/31/02	Sharon Haley 3011 S. Peach Hollow, Pearland, TX 77584	520.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Contract labor, office support	<input type="checkbox"/> Reimbursement from political contributions intended
1/14/03 incurred 12/1-12/31	Wedge International Tower 1415 Louisiana, Houston, TX 77002	1544.00
	Purpose of expenditure (See instructions regarding type of information required.) Rent-Dec.	<input type="checkbox"/> Reimbursement from political contributions intended
1/14/03 incurred 12/6-12/31	SBC P. O. Box 3025, Houston, TX 77097	359.53
	Purpose of expenditure (See instructions regarding type of information required.) Telephone service, installation	<input type="checkbox"/> Reimbursement from political contributions intended
1/14/03 service rendered 12/4-12/31	Datavox 5300 Memorial, 2nd Floor, Houston, TX 77007	1255.70
	Purpose of expenditure (See instructions regarding type of information required.) Telephone equipment, rental, installation	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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1 Total pages Schedule G:

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2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/12/02

5 Payee name

Micro Center

8 Amount (\$)

108.24

6 Payee address; City; State; Zip Code

1717 W Loop S., Houston, TX 77027

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

Office setup

Reimbursement from political contributions intended

Date

1/15/03  
expenses incurred in  
in Dec.

Payee name

William H. White

Payee address; City; State; Zip Code

1415 Louisiana, Suite 2250, Houston, TX 77002

Amount (\$)

3801.42

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

reimbursement for  
computer, courier, ofc. supplies & misc. labor

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

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