

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: 10		OFFICE USE ONLY					
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Mr.	FIRST William	MI H.	Date Received				
		NICKNAME	LAST White	SUFFIX					
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		Hand-delivered or electronically marked			
		<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			Receipt #			
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			Legal			
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Total				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	Date Processed	Date Imaged
		01	01	2003	THROUGH	06	30	2003	

6 EXPLANATION OF CORRECTION

See attached.

7 AFFIDAVIT

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

Check ONLY if applicable:

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

*Bill White*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Bill White this the 2 day of Nov. 2005 to certify which, witness my hand and seal of office.

*Kathy L. Kimich*  
Signature of officer administering oath

Kathy L. Kimich  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

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

## EXPLANATION OF CORRECTION

The political expenditures on the attached pages were all incurred by individuals who purchased goods or services from their own personal funds for the use of the campaign and were reimbursed by the campaign for those expenses. The payee on the expenses was originally reported as the individual actually incurring the expense, and the Purpose of Payment stated the good or service for which the person was obtaining reimbursement. We are supplementing Schedule F to state the name and address of the person or entity from whom the originally reported payee purchased the goods or services. The originally reported payee is now identified in the Purpose of Payment section, which continues to describe the payment as a reimbursement. For expenditures with respect to which our records establish that the individual purchasing goods or services for the campaign incurred the expense on a date prior to the date the individual was reimbursed, the date of expenditure has been changed from the date of reimbursement to the date the individual incurred the expense. The thirteen expenditures totaling \$589.92 constituting reimbursements to Deborah Whitehead for parade-related expenses were originally reported as a single expenditure of \$589.92 with Deborah Whitehead as payee. The five expenditures totaling \$179.42 constituting reimbursements to Christina Cabral for parade-related expenses were originally reported as a single expenditure of \$179.42 with Christina Cabral as payee.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME  William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date  5/2/2003	5 Payee name  Walmart 6 Payee address: City: State: Zip Code  /960 Long Point Rd Houston, Tx 77055	7 Amount (\$)  46.49
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Deborah Whitehead Crafts	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date  5/3/2003	Payee name  Walmart Payee address; City: State; Zip Code  7960 Long Point Rd Houston, Tx 77055	Amount (\$)  29.03
Purpose of payment (See instructions regarding type of information required.) Reimburse Deborah Whitehead Helium	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date  4/28/2003	Payee name  Walmart Payee address; City: State; Zip Code  7960 Long Point Rd Houston, Tx 77055	Amount (\$)  22.22
Purpose of payment (See instructions regarding type of information required.) Reimburse Deborah Whitehead Crafts	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name  Payee address; City: State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/4/2003

6 Payee address: City: State: Zip Code

Walgreen's

25.00

5200 Westheimer Rd.  
Houston, TX 77056

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

Reimburse Christina Cabral  
parade expenses

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

Date

Payee name

Amount (\$)

4/4/2003

Payee address; City; State; Zip Code

Pizzitola's Bar B Cue

913.99

1703 Shepherd Dr.  
Houston, TX 77007

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

Reimburse Sis Johnson  
event expenses

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

Date

Payee name

Amount (\$)

5/3/2003

Payee address; City; State; Zip Code

Shell

21.96

8602 Memorial  
Houston, Texas 77024

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

Reimburse Deborah Whitehead  
Gas

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

Date

Payee name

Amount (\$)

4/28/2003

Payee address; City; State; Zip Code

Target

152.34

4323 San Felipe  
Houston, Texas 77027

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

Reimburse Deborah Whitehead  
Paper supplies, ribbon, iron-on transfers

\*\* 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.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME  William H. White		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  5/2/2003	<b>5</b> Payee name O'Reilly Auto <b>6</b> Payee address; City; State; Zip Code  10420 Hempstead Rd Houston, Tx 77092	<b>7</b> Amount (\$)  32.16
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reimburse Deborah Whitehead parade expenses		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  5/2/2003	Payee name Mister Car Wash Payee address; City; State; Zip Code  2251 S. Voss Rd Houston, Tx 77057	Amount (\$)  27.14
Purpose of payment (See instructions regarding type of information required.) Reimburse Deborah Whitehead parade expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  5/3/2003	Payee name Shell Payee address; City; State; Zip Code  8602 Memorial Houston, Tx 77024	Amount (\$)  34.86
Purpose of payment (See instructions regarding type of information required.) Reimburse Deborah Whitehead parade expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  4/28/2003	Payee name Office Depot Payee address; City; State; Zip Code  7519 Westheimer Houston, Tx 77063	Amount (\$)  70.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Deborah Whitehead parade expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME  William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date  5/15/2003	5 Payee name  Blue Cross Blue Shield. 6 Payee address; City; State; Zip Code  P.O. Box 660152 Dallas, Texas 75266-0152	7 Amount (\$)  200.00
8 Purpose of payment (See instructions regarding type of information required.)  Reimburse Andrea Young health insurance		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  4/28/2003	Payee name  DirtCheapSoftware.com Payee address; City; State; Zip Code  6160 Firestone Blvd, Suite 104-101 Firestone, CO 80504	Amount (\$)  547.00
Purpose of payment (See instructions regarding type of information required.)  Reimburse Triet Nguyen software expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  5/19/2003	Payee name  DirtCheapSoftware.com Payee address; City; State; Zip Code  6160 Firestone Blvd, Suite 104-101 Firestone, CO 80504	Amount (\$)  316.30
Purpose of payment (See instructions regarding type of information required.)  Reimburse Triet Nguyen software expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  5/15/2003	Payee name  MicroCenter Payee address; City; State; Zip Code  1717 West Loop Dr. South Houston, TX 77027	Amount (\$)  216.49
Purpose of payment (See instructions regarding type of information required.)  Reimburse Triet Nguyen software expenses		** 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 Schedule F:

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/24/2003

Crucial Technology  
6 Payee address; City; State; Zip Code

129.88

3475 E. Commercial Ct.  
Meridian, ID 83642

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

Reimburse Triet Nguyen  
computer equipment

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/9/2003

Crucial Technology  
Payee address; City; State; Zip Code

194.82

3475 E. Commercial Ct.  
Meridian, ID 83642

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

Reimburse Triet Nguyen  
computer equipment

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/23/2003

Blue Cross Blue Shield  
Payee address; City; State; Zip Code

100.00

P.O. Box 660152  
Dallas, Texas 75266-0152

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

Reimburse Andrea Young  
health insurance

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/15/2003

Blue Cross Blue Shield  
Payee address; City; State; Zip Code

555.70

P.O. Box 660152  
Dallas, Texas 75266-0152

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

Reimburse Richard Lapin  
health insurance

\*\* 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 Schedule F:
2 FILER NAME  William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date  4/29/2003	5 Payee name  Walmart 6 Payee address; City; State; Zip Code  2/2/ Dunvale Rd. Houston, TX 77063	7 Amount (\$)  19.79
8 Purpose of payment (See instructions regarding type of information required.)  Reimburse Christina Cabral parade expenses		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  5/3/2003	Payee name  Randall's Payee address; City; State; Zip Code  5161 San Felipe Houston, TX 77056	Amount (\$)  23.89
Purpose of payment (See instructions regarding type of information required.) Reimburse Christina Cabral parade expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  5/1/2003	Payee name  Sam's Club Payee address; City; State; Zip Code  10488 Old Katy Road Houston, TX 77043	Amount (\$)  68.74
Purpose of payment (See instructions regarding type of information required.) Reimburse Christina Cabral parade expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  5/4/2003	Payee name  Party City Payee address; City; State; Zip Code  9525 Westheimer Rd. Houston, TX 77063	Amount (\$)  42.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Christina Cabral parade expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME  William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date  4/29/2003	5 Payee name  Verio. 6 Payee address: City: State: Zip Code  8005 South Chester Street, Ste 200 Englewood, CO 80112	7 Amount (\$)  99.95
8 Purpose of payment (See instructions regarding type of information required.)  Reimburse Michael Moore website expenses		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  3/22/2003	Payee name  ATT Wireless Payee address; City: State: Zip Code  P.O. Box 8212 Aurora, IL 60572-8212	Amount (\$)  102.18
Purpose of payment (See instructions regarding type of information required.)  Reimburse Michael Moore phone expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  4/18/2003	Payee name  Dell Marketing, LP Payee address; City: State: Zip Code  One Dell Way Round Rock Texas 78682	Amount (\$)  1068.44
Purpose of payment (See instructions regarding type of information required.)  Reimburse Michael Moore computer expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date  3/28/2003	Payee name  Tony Sanchez Campaign Payee address; City: State: Zip Code  600 Congress Ave, Plaza 100 Austin, TX 78701	Amount (\$)  2000.00
Purpose of payment (See instructions regarding type of information required.)  Reimburse Michael Moore computer purchase		** 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 Schedule F:

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/30/2003

5 Payee name

Target

6 Payee address; City; State; Zip Code

4323 San Felipe  
Houston, Tx 77027

7 Amount (\$)

21.56

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

Reimburse Deborah Whitehead  
parade expenses

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

5/1/2003

Payee name

Walmart

Payee address; City; State; Zip Code

7960 Long Point Rd  
Houston, Tx 77055

Amount (\$)

11.20

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

Reimburse Deborah Whitehead  
parade expenses

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

5/15/2003

Payee name

Michaels

Payee address; City; State; Zip Code

7560 Westheimer Rd.  
Houston, Tx 77063

Amount (\$)

59.26

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

Reimburse Deborah Whitehead  
parade expenses

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

5/15/2003

Payee name

Lowe's

Payee address; City; State; Zip Code

1521 N. Loop West  
Houston, Tx 77008

Amount (\$)

61.70

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

Reimburse Deborah Whitehead  
parade expenses

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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