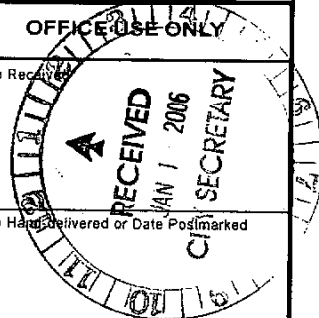


**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers)
 2 Total pages filed:
 68

3 COMMITTEE NAME
Friends of Bill White



4 COMMITTEE ADDRESS
 Change of Address
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
*109 N. Post Oak Lane
Suite 350
Houston, TX 77024*

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

Receipt # Amount
Date Processed
Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
*700 Louisiana, Suite 5000
Houston, TX 77027*

7 CAMPAIGN TREASURER'S MAILING ADDRESS
 Change of Address
STREET OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
*700 Louisiana, Suite 5000
Houston, TX 77027*

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

9 REPORT TYPE
 January 15 30th day before election Exceeded \$500 limit
 July 15 8th day before election Dissolution (attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year Month Day Year
7 / 1 / 2006 THROUGH 12 / 31 / 2006

11 ELECTION
Month Day Year ELECTION TYPE
11 / 8 / 2005 Primary Runoff General Special

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

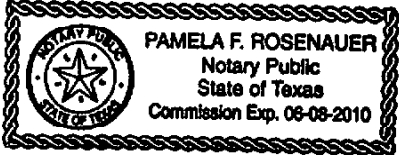
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Friends of Bill White	ACCOUNT # (Ethics Commission filers)
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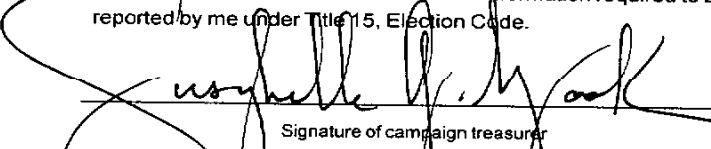
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME William H. White (Bill White)
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Mayor, City of Houston Mayor, City of Houston
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year 11 / 8 / 2005
		DESCRIPTION

14 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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 276.53
	4. TOTAL POLITICAL EXPENDITURES	\$ 126,404.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,547,700.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

15 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 campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susybetie Zook, this the 16th day of January, 20 07, 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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 2/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 08/11/2006	5 Payee name Smyser, Kaplan & Veselka, LLP 6 Payee address; City; State; Zip Code 700 Louisiana Suite 2300 Houston TX 77002	7 Amount (\$) 285.00
8 Purpose of payment (See instructions regarding type of information required.) Legal fees		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2006	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 930170 Dallas TX 75393	Amount (\$) 159.93
Purpose of payment (See instructions regarding type of information required.) Telephone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/30/2006	Payee name Ouyen Le Payee address; City; State; Zip Code 2707 Raven Falls Lane Friendswood TX 77546	Amount (\$) 474.00
Purpose of payment (See instructions regarding type of information required.) Contract payroll/administrative		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/31/2006	Payee name Susybelle Zook Payee address; City; State; Zip Code 1602 McDonald Houston TX 77007	Amount (\$) 962.50
Purpose of payment (See instructions regarding type of information required.) Bookkeeping, reporting, 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 #
3/66

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers)
-

4 Date	5 Payee name Private Mini Storage-Pearland	7 Amount (\$)
08/21/2006	6 Payee address; City; State; Zip Code 8206 Broadway Pearland TX 77584	697.50

8 Purpose of payment (See instructions regarding type of information required.) Storage	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
---	---

Date	Payee name U.S. Postmaster	Amount (\$)
08/25/2006	Payee address; City; State; Zip Code 315 Addicks Houston TX 77079	390.00

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 Alliance Payroll Service, Inc.	Amount (\$)
11/30/2006	Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	372.12

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 Hot Shot Messenger Service, Inc.	Amount (\$)
08/11/2006	Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	82.28

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:
--	--

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 4/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 09/29/2006	5 Payee name Alliance Payroll Service, Inc. 6 Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	7 Amount (\$) 372.12
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 07/14/2006	Payee name George M. Fleming Payee address; City; State; Zip Code 30 W. Rivercrest Houston TX 77042	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required.) Returned contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/05/2006	Payee name Hot Shot Messenger Service, Inc. Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	Amount (\$) 52.33
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 08/11/2006	Payee name Blakely & Wakefield, LLP Payee address; City; State; Zip Code 6363 Woodway Houston TX 77057	Amount (\$) 424.16
Purpose of payment (See instructions regarding type of information required.) Accounting services		** 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 #
5/66

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers)
-

4 Date
07/31/2006

5 Payee name
Alliance Payroll Service, Inc.
.....
6 Payee address; City; State; Zip Code
12707 North Freeway
Suite 320
Houston TX 77060

7 Amount (\$)
372.13

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
12/29/2006

Payee name
Susybelle Zook
.....
Payee address; City; State; Zip Code
1602 McDonald
Houston TX 77007

Amount (\$)
255.00

Purpose of payment (See instructions regarding type of information required.)
Bookkeeping, reporting, compliance

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

Office sought:
Office held:

Date
12/29/2006

Payee name
Quyên Lê
.....
Payee address; City; State; Zip Code
2707 Raven Falls Lane
Friendswood TX 77546

Amount (\$)
384.00

Purpose of payment (See instructions regarding type of information required.)
Contract payroll/administrative

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

Office sought:
Office held:

Date
11/17/2006

Payee name
John L. Wortham & Son, L.P.
.....
Payee address; City; State; Zip Code
P.O. Box 1388
Houston TX 77251-1388

Amount (\$)
2644.00

Purpose of payment (See instructions regarding type of information required.)
Worker's compensation insurance

** 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 # 6/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) —
4 Date 07/05/2006	5 Payee name Brooke Nichols 6 Payee address; City; State; Zip Code 15918 Highland Brook Dr. Houston TX 77083	7 Amount (\$) 49.50
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 08/15/2006	Payee name Pam Rosenauer Payee address; City; State; Zip Code 5711 Sugar Hill #68 Houston TX 77057	Amount (\$) 1063.21
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 12/15/2006	Payee name Susybelle Zook Payee address; City; State; Zip Code 1602 McDonald Houston TX 77007	Amount (\$) 690.00
Purpose of payment (See instructions regarding type of information required.) Bookkeeping, reporting, compliance		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/15/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 53.80
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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 7/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) —
4 Date 10/06/2006	5 Payee name Mercy Hinojosa 6 Payee address; City; State; Zip Code 2243 DesJardines Houston TX 77023	7 Amount (\$) 240.00
8 Purpose of payment (See instructions regarding type of information required.) Service for event		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2006	Payee name Quyen Le Payee address; City; State; Zip Code 2707 Raven Falls Lane Friendswood TX 77546	Amount (\$) 228.00
Purpose of payment (See instructions regarding type of information required.) Contract payroll/administrative		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2006	Payee name Brooke Nichols Payee address; City; State; Zip Code 15918 Highland Brook Dr. Houston TX 77083	Amount (\$) 168.00
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:
Date 10/24/2006	Payee name Ann Boor Payee address; City; State; Zip Code P.O. Box 441383 Houston TX 77244-1383	Amount (\$) 500.00
Purpose of payment (See instructions regarding type of information required.) Speech writing		** 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 # 8/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 09/15/2006	5 Payee name Alliance Payroll Service, Inc. 6 Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	7 Amount (\$) 372.13
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 11/30/2006	Payee name Susybelle Zook Payee address; City; State; Zip Code 1602 McDonald Houston TX 77007	Amount (\$) 660.00
Purpose of payment (See instructions regarding type of information required.) Bookkeeping, reporting, compliance		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/15/2006	Payee name Susybelle Zook Payee address; City; State; Zip Code 1602 McDonald Houston TX 77007	Amount (\$) 1935.00
Purpose of payment (See instructions regarding type of information required.) Bookkeeping, reporting, compliance		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2006	Payee name Quyen Le Payee address; City; State; Zip Code 2707 Raven Falls Lane Friendswood TX 77546	Amount (\$) 360.00
Purpose of payment (See instructions regarding type of information required.) Contract payroll/administrative		** 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 #
9/66

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers)
-

4 Date
11/09/2006

5 Payee name
Cary T. Wilson
.....
6 Payee address; City; State; Zip Code
3205 FM 528
Alvin TX 77511

7 Amount (\$)
1000.00

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

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

Office sought:
Office held:

Date
08/11/2006

Payee name
Democracyinaction.com
.....
Payee address; City; State; Zip Code
1700 Connecticut Avenue, Suite 402
Washington DC 20009

Amount (\$)
300.00

Purpose of payment (See instructions regarding type of information required.)
On-line expense

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

Office sought:
Office held:

Date
07/31/2006

Payee name
Alliance Payroll Service, Inc.
.....
Payee address; City; State; Zip Code
12707 North Freeway
Suite 320
Houston TX 77060

Amount (\$)
46.11

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
09/06/2006

Payee name
Paymentech
.....
Payee address; City; State; Zip Code
P.O. Box 6600
Hagerstown MD 21741-6600

Amount (\$)
27.50

Purpose of payment (See instructions regarding type of information required.)
Credit card account 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 # 10/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 11/15/2006	5 Payee name Quyem Le 6 Payee address; City; State; Zip Code 2707 Raven Falls Lane Friendswood TX 77546	7 Amount (\$) 456.00
8 Purpose of payment (See instructions regarding type of information required.) Contract payroll/administrative		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/25/2006	Payee name Blackrock Associates,LLC Payee address; City; State; Zip Code 44 Grizzly Peak Blvd. Berkeley CA 94708	Amount (\$) 300.00
Purpose of payment (See instructions regarding type of information required.) Software License		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/08/2006	Payee name Dell Corporation Payee address; City; State; Zip Code One Dell Way Round Rock TX 78682	Amount (\$) 1376.94
Purpose of payment (See instructions regarding type of information required.) Reimb. Octia Corporation for Computer		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/06/2006	Payee name Cingular Payee address; City; State; Zip Code P.O. Box 6444 Carol Stream IL 60197-6444	Amount (\$) 262.94
Purpose of payment (See instructions regarding type of information required.) Cell phone expense		** 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 # 11/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 11/17/2006	5 Payee name Hot Shot Messenger Service, Inc. 6 Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	7 Amount (\$) 101.12
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 10/31/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 372.11
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 11/01/2006	Payee name Tejas Office Products, Inc. Payee address; City; State; Zip Code 1225 W. 20th Street Houston TX 77008	Amount (\$) 5.41
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 07/11/2006	Payee name Ttweak Payee address; City; State; Zip Code 4904 Travis Street Houston TX 77002	Amount (\$) 25.00
Purpose of payment (See instructions regarding type of information required.) Media expense		** 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 # 12/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 12/07/2006	5 Payee name Octia Corporation 6 Payee address; City; State; Zip Code 3900 Essex Lane Houston TX 77027-5111	7 Amount (\$) 595.38
8 Purpose of payment (See instructions regarding type of information required.) Computer service		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/01/2006	Payee name Tejas Office Products, Inc. Payee address; City; State; Zip Code 1225 W. 20th Street Houston TX 77008	Amount (\$) 61.70
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 08/15/2006	Payee name Brooke Nichols Payee address; City; State; Zip Code 15918 Highland Brook Dr. Houston TX 77083	Amount (\$) 11.00
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:
Date 09/26/2006	Payee name Hot Shot Messenger Service, Inc. Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	Amount (\$) 17.83
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:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 13/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 12/07/2006	5 Payee name Hot Shot Messenger Service, Inc. 6 Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	7 Amount (\$) 138.13
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 09/26/2006	Payee name Mercy Hinojosa Payee address; City; State; Zip Code 2243 DesJardines Houston TX 77023	Amount (\$) 290.00
Purpose of payment (See instructions regarding type of information required.) Service for event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/09/2006	Payee name William Shumaker Payee address; City; State; Zip Code 112 Cove Point Montgomery TX 77356	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required.) Returned contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/25/2006	Payee name Patrick Tyczynski Payee address; City; State; Zip Code 1210 Melford Houston TX 77077	Amount (\$) 95.00
Purpose of payment (See instructions regarding type of information required.) Moving Expense		** 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 # 14/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) —
4 Date 11/17/2006	5 Payee name Hot Shot Messenger Service, Inc. 6 Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	7 Amount (\$) 108.81
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 07/15/2006	Payee name Alfred C. Glassell, Jr. Payee address; City; State; Zip Code 3030 Inwood Houston TX 77019	Amount (\$) 2000.00
Purpose of payment (See instructions regarding type of information required.) Returned contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/09/2006	Payee name Bahong Kuo Payee address; City; State; Zip Code 11542 Noblewood Crest Ln. Houston TX 77082	Amount (\$) 2500.00
Purpose of payment (See instructions regarding type of information required.) Returned contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/29/2006	Payee name Pam Rosenauer Payee address; City; State; Zip Code 5711 Sugar Hill #68 Houston TX 77057	Amount (\$) 1063.21
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 # 15/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) —
4 Date 09/26/2006	5 Payee name Smyser, Kaplan & Veselka, LLP 6 Payee address; City; State; Zip Code 700 Louisiana Suite 2300 Houston TX 77002	7 Amount (\$) 1464.00
8 Purpose of payment (See instructions regarding type of information required.) Legal fees		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/31/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 372.11
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 12/29/2006	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 930170 Dallas TX 75393	Amount (\$) 159.92
Purpose of payment (See instructions regarding type of information required.) Telephone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2006	Payee name Brooke Nichols Payee address; City; State; Zip Code 15918 Highland Brook Dr. Houston TX 77083	Amount (\$) 132.00
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 #
16/66

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers)
-

4 Date	5 Payee name Paymentech	7 Amount (\$)
11/03/2006	6 Payee address; City; State; Zip Code P.O. Box 6600 Hagerstown MD 21741-6600	27.50

8 Purpose of payment (See instructions regarding type of information required.) Credit card account fee	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date	Payee name Butrum & Associates	Amount (\$)
12/11/2006	Payee address; City; State; Zip Code 109 N. Post Oak Lane #350 Houston TX 77024	86.60

Purpose of payment (See instructions regarding type of information required.) In-house invitation production	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date	Payee name Ttweak	Amount (\$)
07/11/2006	Payee address; City; State; Zip Code 4904 Travis Street Houston TX 77002	4550.00

Purpose of payment (See instructions regarding type of information required.) Media expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date	Payee name Master Valet Parking, Inc.	Amount (\$)
09/24/2006	Payee address; City; State; Zip Code 1410 Blalock Road, Suite 340 Houston TX 77055	230.00

Purpose of payment (See instructions regarding type of information required.) Valet services	** 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 PAGE # 17/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 11/09/2006	5 Payee name Donald Brodsky 6 Payee address; City; State; Zip Code 2347 Underwood Houston TX 77030	7 Amount (\$) 100.00
8 Purpose of payment (See instructions regarding type of information required.) Returned contribution		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/24/2006	Payee name Taco Milagro Payee address; City; State; Zip Code 2555 Kirby Dr. Houston TX 77019	Amount (\$) 3669.62
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:
Date 10/13/2006	Payee name Brooke Nichols Payee address; City; State; Zip Code 15918 Highland Brook Dr. Houston TX 77083	Amount (\$) 84.00
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:
Date 12/19/2006	Payee name Continental Airlines Payee address; City; State; Zip Code 1600 Smith Street 18th floor Houston TX 77002	Amount (\$) 424.20
Purpose of payment (See instructions regarding type of information required.) Travel/airfare		** 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 #
18/66**2** FILER NAME Friends of Bill White**3** ACCOUNT # (Ethics Commission filers)
-

4 Date 07/14/2006	5 Payee name Pam Rosenauer 6 Payee address; City; State; Zip Code 5711 Sugar Hill #68 Houston TX 77057	7 Amount (\$) 1063.22
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 12/15/2006	Payee name Pam Rosenauer Payee address; City; State; Zip Code 5711 Sugar Hill #68 Houston TX 77057	Amount (\$) 1063.22
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 12/05/2006	Payee name Paymentcoch Payee address; City; State; Zip Code P.O. Box 6600 Hagerstown MD 21741-6600	Amount (\$) 27.50
Purpose of payment (See instructions regarding type of information required.) Credit card account fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/07/2006	Payee name Tejas Office Products, Inc. Payee address; City; State; Zip Code 1225 W. 20th Street Houston TX 77008	Amount (\$) 449.24
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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
19/66

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers)
-

4 Date 10/03/2006	5 Payee name Quyên Lê 6 Payee address; City; State; Zip Code 2707 Raven Falls Lane Friendswood TX 77546	7 Amount (\$) 96.00
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8 Purpose of payment (See instructions regarding type of information required.) Contract payroll/administrative	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 07/03/2006	Payee name Hot Shot Messenger Service, Inc. Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	Amount (\$) 128.68
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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:
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Date 10/13/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 639.79
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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:
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Date 08/25/2006	Payee name Blackrock Associates, LLC Payee address; City; State; Zip Code 44 Grizzly Peak Blvd. Berkeley CA 94708	Amount (\$) 18.40
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Purpose of payment (See instructions regarding type of information required.) Domain registration	** 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 PAGE # 20/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 11/09/2006	5 Payee name Spiros Kollias 6 Payee address; City; State; Zip Code 15414 Lee Road Humble TX 77396	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required.) Returned contribution		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/31/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 53.80
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 10/08/2006	Payee name Hot Shot Messenger Service, Inc. Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	Amount (\$) 51.94
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 07/14/2006	Payee name Susybelle Zook Payee address; City; State; Zip Code 1602 McDonald Houston TX 77007	Amount (\$) 1400.00
Purpose of payment (See instructions regarding type of information required.) Bookkeeping, reporting, 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 # 21/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 10/03/2006	5 Payee name Sandra Shafto 6 Payee address; City; State; Zip Code 7201 Avenue B Bellaire TX 77401	7 Amount (\$) 9000.00
8 Purpose of payment (See instructions regarding type of information required.) Consulting		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/08/2006	Payee name Smyser,Kaplan & Veselka,LLP Payee address; City; State; Zip Code 700 Louisiana Suite 2300 Houston TX 77002	Amount (\$) 79.20
Purpose of payment (See instructions regarding type of information required.) Legal expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/15/2006	Payee name Susybelle Zook Payee address; City; State; Zip Code 1602 McDonald Houston TX 77007	Amount (\$) 275.00
Purpose of payment (See instructions regarding type of information required.) Bookkeeping,reporting,compliance		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/17/2006	Payee name Brinkster Payee address; City; State; Zip Code 2600 N. Central Avenue,Suite 150 Phoenix AZ 85004	Amount (\$) 105.00
Purpose of payment (See instructions regarding type of information required.) Reimb. to S. Zook/domain usage 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 # 22/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 10/06/2006	5 Payee name Ann Boor 6 Payee address; City; State; Zip Code P.O. Box 441383 Houston TX 77244-1383	7 Amount (\$) 450.00
8 Purpose of payment (See instructions regarding type of information required.) Speech writing		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/15/2006	Payee name Susybelle Zook Payee address; City; State; Zip Code 1602 McDonald Houston TX 77007	Amount (\$) 292.50
Purpose of payment (See instructions regarding type of information required.) Bookkeeping, reporting, compliance		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/30/2006	Payee name Pam Rosenauer Payee address; City; State; Zip Code 5711 Sugar Hill #68 Houston TX 77057	Amount (\$) 1063.21
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 10/03/2006	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 930170 Dallas TX 75393	Amount (\$) 160.92
Purpose of payment (See instructions regarding type of information required.) Telephone expense		** 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 # 23/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 09/29/2006	5 Payee name Alliance Payroll Service, Inc. 6 Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	7 Amount (\$) 53.80
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 09/15/2006	Payee name Pam Rosenauer Payee address; City; State; Zip Code 5711 Sugar Hill #68 Houston TX 77057	Amount (\$) 1063.20
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 09/01/2006	Payee name Blue Cross Blue Shield - BCBS Payee address; City; State; Zip Code 901 S. Central Expressway Richardson TX 75080	Amount (\$) 1064.10
Purpose of payment (See instructions regarding type of information required.) Health insurance for Pam Rosenauer		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/05/2006	Payee name Hot Shot Messenger Service, Inc. Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	Amount (\$) 82.28
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:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 24/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) —
4 Date 07/05/2006	5 Payee name Alliance Payroll Service, Inc. 6 Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	7 Amount (\$) 35.83
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 12/31/2006	Payee name Verizon Wireless Payee address; City; State; Zip Code P.O. Box 105378 Atlanta GA 30348	Amount (\$) 614.73
Purpose of payment (See instructions regarding type of information required.) Reimb. Butrum & Associates - phone exp.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/07/2006	Payee name Tejas Office Products, Inc. Payee address; City; State; Zip Code 1225 W. 20th Street Houston TX 77008	Amount (\$) 42.82
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 08/11/2006	Payee name Texas Ethics Commission Payee address; City; State; Zip Code 201 East 14th Street, 10th Floor Austin TX 78701	Amount (\$) 500.00
Purpose of payment (See instructions regarding type of information required.) Fine		** 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 # 25/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 07/03/2006	5 Payee name Wolf Camera 6 Payee address; City; State; Zip Code 1713 Post Oak Houston TX 77056	7 Amount (\$) 40.81
8 Purpose of payment (See instructions regarding type of information required.) Reimb. P. Rosenauer - film		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/21/2006	Payee name Avalon Stationery Payee address; City; State; Zip Code 2604 Westheimer Houston TX 77098	Amount (\$) 175.37
Purpose of payment (See instructions regarding type of information required.) Reimb. to Franci Crane - stationery		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/29/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 170.14
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 11/15/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 26/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 07/05/2006	5 Payee name Paymentech 6 Payee address; City; State; Zip Code P.O. Box 6600 Hagerstown MD 21741-6600	7 Amount (\$) 27.50
8 Purpose of payment (See instructions regarding type of information required.) Credit card account fee		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/03/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 41.57
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 07/21/2006	Payee name Cingular Payee address; City; State; Zip Code P.O. Box 6444 Carol Stream IL 60197-6444	Amount (\$) 140.10
Purpose of payment (See instructions regarding type of information required.) Cell phone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/31/2006	Payee name Susybelle Zook Payee address; City; State; Zip Code 1602 McDonald Houston TX 77007	Amount (\$) 750.00
Purpose of payment (See instructions regarding type of information required.) Bookkeeping, reporting, 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 # 27/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 08/11/2006	5 Payee name Edward M. Shack 6 Payee address; City; State; Zip Code 814 San Jacinto Blvd. Suite 202 Austin TX 78701	7 Amount (\$) 1260.00
8 Purpose of payment (See instructions regarding type of information required.) Compliance		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/15/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 372.12
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 12/07/2006	Payee name U.S. Postmaster Payee address; City; State; Zip Code 315 Addicks Houston TX 77079	Amount (\$) 312.00
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 11/17/2006	Payee name Hot Shot Messenger Service, Inc. Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	Amount (\$) 77.78
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:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 28/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 12/15/2006	5 Payee name Alliance Payroll Service, Inc. 6 Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	7 Amount (\$) 372.11
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 10/08/2006	Payee name Wired for Change Payee address; City; State; Zip Code 1700 Connecticut Avenue, NW, Suite 403 Washington DC 20009	Amount (\$) 300.00
Purpose of payment (See instructions regarding type of information required.) On-line expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/13/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 57.91
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 09/22/2006	Payee name Central Market Payee address; City; State; Zip Code 3815 Westheimer Houston TX 77027	Amount (\$) 189.44
Purpose of payment (See instructions regarding type of information required.) Reimb. P. Rosenauer - 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 # 29/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 12/07/2006	5 Payee name Articulated Man, Inc. 6 Payee address; City; State; Zip Code 1508 W. Sunnyside Ave. Chicago IL 60640	7 Amount (\$) 140.00
8 Purpose of payment (See instructions regarding type of information required.) Website expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/11/2006	Payee name Hot Shot Messenger Service, Inc. Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	Amount (\$) 139.99
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 12/07/2006	Payee name Keyman Locksmith Service Payee address; City; State; Zip Code P.O. Box 840916 Houston TX 77284	Amount (\$) 100.13
Purpose of payment (See instructions regarding type of information required.) Key duplication		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/09/2006	Payee name Giti Zarinkelk Payee address; City; State; Zip Code 18 Berry Blossom The Woodlands TX 77380	Amount (\$) 2500.00
Purpose of payment (See instructions regarding type of information required.) Returned contribution		** 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 #
30/66

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers)
-

4 Date 07/14/2006	5 Payee name Brooke Nichols 6 Payee address; City; State; Zip Code 15918 Highland Brook Dr. Houston TX 77083	7 Amount (\$) 52.25
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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:
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Date 09/01/2006	Payee name Articulated Man, Inc. Payee address; City; State; Zip Code 1508 W. Sunnyside Ave. Chicago IL 60640	Amount (\$) 70.00
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Purpose of payment (See instructions regarding type of information required.) Website expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 12/07/2006	Payee name Tejas Office Products, Inc. Payee address; City; State; Zip Code 1225 W. 20th Street Houston TX 77008	Amount (\$) 23.12
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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:
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Date 10/23/2006	Payee name Blakely & Wakefield, LLP Payee address; City; State; Zip Code 6363 Woodway Houston TX 77057	Amount (\$) 760.00
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Purpose of payment (See instructions regarding type of information required.) Accounting services	** 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 PAGE # 31/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) —
4 Date 11/17/2006	5 Payee name MedQuist 6 Payee address; City; State; Zip Code P.O. Box 10832 Newark NJ 07193-0832	7 Amount (\$) 101.76
8 Purpose of payment (See instructions regarding type of information required.) Dictaphone repair		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/13/2006	Payee name Bette John Payee address; City; State; Zip Code 15599 Memorial Houston TX 77079	Amount (\$) 243.00
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:
Date 10/13/2006	Payee name Pam Rosenauer Payee address; City; State; Zip Code 5711 Sugar Hill #68 Houston TX 77057	Amount (\$) 1513.21
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 11/17/2006	Payee name John L. Wortham & Son,L.P. Payee address; City; State; Zip Code P.O. Box 1388 Houston TX 77251-1388	Amount (\$) 677.00
Purpose of payment (See instructions regarding type of information required.) General liability insurance		** 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 # 32/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 11/15/2006	5 Payee name Alliance Payroll Service, Inc. 6 Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	7 Amount (\$) 372.13
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 11/17/2006	Payee name NGP Software, Inc. Payee address; City; State; Zip Code 1101 Vermont Avenue, NW, Suite 710 Washington DC 20005	Amount (\$) 450.00
Purpose of payment (See instructions regarding type of information required.) Database expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/25/2006	Payee name Cingular Payee address; City; State; Zip Code P.O. Box 6444 Carol Stream IL 60197-6444	Amount (\$) 132.99
Purpose of payment (See instructions regarding type of information required.) Cell phone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/14/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 48.06
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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 33/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 11/15/2006	5 Payee name Pam Rosenauer 6 Payee address; City; State; Zip Code 5711 Sugar Hill #68 Houston TX 77057	7 Amount (\$) 1063.20
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 09/29/2006	Payee name Susybelle Zook Payee address; City; State; Zip Code 1602 McDonald Houston TX 77007	Amount (\$) 405.00
Purpose of payment (See instructions regarding type of information required.) Bookkeeping,reporting,compliance		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/15/2006	Payee name Alliance Payroll Service,Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 51.74
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 11/08/2006	Payee name Smyser,Kaplan & Veselka,LLP Payee address; City; State; Zip Code 700 Louisiana Suite 2300 Houston TX 77002	Amount (\$) 256.50
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:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 34/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 08/31/2006	5 Payee name Brooke Nichols 6 Payee address; City; State; Zip Code 15918 Highland Brook Dr. Houston TX 77083	7 Amount (\$) 33.00
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 08/31/2006	Payee name La Griglia Payee address; City; State; Zip Code 2002 W. Gray Street Houston TX 77019	Amount (\$) 259.80
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:
Date 10/31/2006	Payee name Pam Rosenauer Payee address; City; State; Zip Code 5711 Sugar Hill #68 Houston TX 77057	Amount (\$) 1063.22
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 11/17/2006	Payee name Blue Cross Blue Shield - BCBS Payee address; City; State; Zip Code 901 S. Central Expressway Richardson TX 75080	Amount (\$) 1064.10
Purpose of payment (See instructions regarding type of information required.) Health insurance for Pam Rosenauer		** 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 #
35/66

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers)
-

4 Date
12/07/2006

5 Payee name
Smyser,Kaplan & Veselka,LLP

7 Amount
(\$)

6 Payee address; City; State; Zip Code
700 Louisiana
Suite 2300
Houston TX 77002

239.43

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

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

Office sought:
Office held:

Date
12/01/2006

Payee name
AT&T

Amount
(\$)

Payee address; City; State; Zip Code
P.O. Box 930170
Dallas TX 75393

159.92

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

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

Office sought:
Office held:

Date
12/15/2006

Payee name
Alliance Payroll Service, Inc.

Amount
(\$)

Payee address; City; State; Zip Code
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
10/20/2006

Payee name
U.S. Postmaster

Amount
(\$)

Payee address; City; State; Zip Code
315 Addicks
Houston TX 77079

1950.00

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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 36/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 11/01/2006	5 Payee name Hot Shot Messenger Service, Inc. 6 Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	7 Amount (\$) 48.72
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 08/21/2006	Payee name Avalon Stationery Payee address; City; State; Zip Code 2604 Westheimer Houston TX 77098	Amount (\$) 57.32
Purpose of payment (See instructions regarding type of information required.) Reimb. to Franci Crane - stationery		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/05/2006	Payee name Merida Restaurant Payee address; City; State; Zip Code 2509 Navigation Houston TX 77003	Amount (\$) 758.10
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:
Date 12/16/2006	Payee name Richard's Liquors and Fine Wines Payee address; City; State; Zip Code P.O. Box 130488 Houston TX 77219	Amount (\$) 247.51
Purpose of payment (See instructions regarding type of information required.) 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 # 37/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 07/11/2006	5 Payee name Ttweak 6 Payee address; City; State; Zip Code 4904 Travis Street Houston TX 77002	7 Amount (\$) 340.00
8 Purpose of payment (See instructions regarding type of information required.) Website expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/07/2006	Payee name Shehla Z. Shah Photography Payee address; City; State; Zip Code 12119 Queensbury Lane Houston TX 77065	Amount (\$) 248.98
Purpose of payment (See instructions regarding type of information required.) Photos		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2006	Payee name Susybelle Zook Payee address; City; State; Zip Code 1602 McDonald Houston TX 77007	Amount (\$) 321.00
Purpose of payment (See instructions regarding type of information required.) Bookkeeping, reporting, compliance		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/29/2006	Payee name Brooke Nichols Payee address; City; State; Zip Code 15918 Highland Brook Dr. Houston TX 77083	Amount (\$) 22.00
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 #
38/66**2** FILER NAME Friends of Bill White**3** ACCOUNT # (Ethics Commission filers)
—**4** Date**5** Payee name

Butrum & Associates

7Amount
(\$)

07/05/2006

6 Payee address; City; State; Zip Code

109 N. Post Oak Lane #350

Houston TX 77024

7500.00

8 Purpose of payment (See instructions regarding type of information required.)
Consulting**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name:

Office sought:
Office held:

Date

Payee name

Pam Rosenauer

Amount
(\$)

08/31/2006

Payee address; City; State; Zip Code

5711 Sugar Hill #68

Houston TX 77057

1063.22

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

Wyatt Cafeterias

Amount
(\$)

08/31/2006

Payee address; City; State; Zip Code

4423 Griggs Road

Houston TX 77021

861.52

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:

Date

Payee name

NGP Software, Inc.

Amount
(\$)

07/25/2006

Payee address; City; State; Zip Code

1101 Vermont Avenue, NW, Suite 710

Washington DC 20005

150.00

Purpose of payment (See instructions regarding type of information required.)
Database expense**** 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 # 39/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 08/30/2006	5 Payee name Kroger 6 Payee address; City; State; Zip Code 1938 West Gray Houston TX 77019	7 Amount (\$) 92.54
8 Purpose of payment (See instructions regarding type of information required.) Reimb. Jackie Pope - food and beverages		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/31/2006	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 930170 Dallas TX 75393	Amount (\$) 159.59
Purpose of payment (See instructions regarding type of information required.) Telephone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/07/2006	Payee name Private Mini Storage-Pearland Payee address; City; State; Zip Code 8206 Broadway Pearland TX 77584	Amount (\$) 544.00
Purpose of payment (See instructions regarding type of information required.) Storage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/10/2006	Payee name Avanti Int'l Transportation Payee address; City; State; Zip Code 4103 Sherwood Lane Houston TX 77092	Amount (\$) 252.00
Purpose of payment (See instructions regarding type of information required.) Transportation		** 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 # 40/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) —
4 Date 09/26/2006	5 Payee name Smyser, Kaplan & Veselka, LLP 6 Payee address; City; State; Zip Code 700 Louisiana Suite 2300 Houston TX 77002	7 Amount (\$) 29.58
8 Purpose of payment (See instructions regarding type of information required.) Legal expenses		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/21/2006	Payee name Bering's Hardware Payee address; City; State; Zip Code 3900 Bissonnet Houston TX 77005	Amount (\$) 624.33
Purpose of payment (See instructions regarding type of information required.) Reimb. Franci Crane - stationery		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/03/2006	Payee name Paymentcch Payee address; City; State; Zip Code P.O. Box 6600 Hagerstown MD 21741-6600	Amount (\$) 27.50
Purpose of payment (See instructions regarding type of information required.) Credit card account fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/26/2006	Payee name Hot Shot Messenger Service, Inc. Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	Amount (\$) 30.09
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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
41/66

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers)
-

4 Date	5 Payee name Ted Labuzan	7 Amount (\$)
11/09/2006	6 Payee address; City; State; Zip Code 2927 Avenue P Galveston TX 77550-7753	2500.00

8 Purpose of payment (See instructions regarding type of information required.) Returned contribution	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Wayne W. Webber	Amount (\$)
11/09/2006	Payee address; City; State; Zip Code 2203 Forest Garden Dr. Kingwood TX 77345-1628	5000.00

Purpose of payment (See instructions regarding type of information required.) Returned contribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Ellen Ray's Creole Restaurant	Amount (\$)
09/05/2006	Payee address; City; State; Zip Code 1924 Calumet Street Houston TX 77004	525.00

Purpose of payment (See instructions regarding type of information required.) Reimb. Ellen Ray for food and beverages	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date	Payee name Baseline Apex Imaging	Amount (\$)
07/03/2006	Payee address; City; State; Zip Code 5615 Richmond Avenue, Suite 165 Houston TX 77057	642.80

Purpose of payment (See instructions regarding type of information required.) Toner	** 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 PAGE # 42/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/07/2006	5 Payee name Tejas Office Products, Inc. 6 Payee address; City; State; Zip Code 1225 W. 20th Street Houston TX 77008	7 Amount (\$) 19.45
8 Purpose of payment (See instructions regarding type of information required.) Supplies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/31/2006	Payee name AT&T Payee address; City; State; Zip Code P.O. Box 930170 Dallas TX 75393	Amount (\$) 161.12
Purpose of payment (See instructions regarding type of information required.) Telephone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 08/11/2006	Payee name Hot Shot Messenger Service, Inc. Payee address; City; State; Zip Code P.O. Box 701189 Houston TX 77270-1189	Amount (\$) 92.71
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 08/03/2006	Payee name Paymentech Payee address; City; State; Zip Code P.O. Box 6600 Hagerstown MD 21741-6600	Amount (\$) 27.50
Purpose of payment (See instructions regarding type of information required.) Credit card account 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 # 43/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 12/07/2006	5 Payee name Octia Corporation 6 Payee address; City; State; Zip Code 3900 Essex Lane Houston TX 77027-5111	7 Amount (\$) 403.23
8 Purpose of payment (See instructions regarding type of information required.) Computer service		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/03/2006	Payee name Articulated Man, Inc. Payee address; City; State; Zip Code 1508 W. Sunnyside Ave. Chicago IL 60640	Amount (\$) 140.00
Purpose of payment (See instructions regarding type of information required.) Website expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/08/2006	Payee name NGP Software, Inc. Payee address; City; State; Zip Code 1101 Vermont Avenue, NW, Suite 710 Washington DC 20005	Amount (\$) 450.00
Purpose of payment (See instructions regarding type of information required.) Database expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/30/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 44/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 12/07/2006	5 Payee name Edward M. Shack 6 Payee address; City; State; Zip Code 814 San Jacinto Blvd. Suite 202 Austin TX 78701	7 Amount (\$) 120.00
8 Purpose of payment (See instructions regarding type of information required.) Compliance		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/30/2006	Payee name Brooke Nichols Payee address; City; State; Zip Code 15918 Highland Brook Dr. Houston TX 77083	Amount (\$) 450.00
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:
Date 12/29/2006	Payee name Pam Rosenauer Payee address; City; State; Zip Code 5711 Sugar Hill #68 Houston TX 77057	Amount (\$) 547.53
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 08/11/2006	Payee name St. Paul Travelers Payee address; City; State; Zip Code CL & Specialty Remittance Center Hartford CT 06183-1008	Amount (\$) 1217.00
Purpose of payment (See instructions regarding type of information required.) Insurance		** 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 # 45/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 10/13/2006	5 Payee name Susybelle Zook 6 Payee address; City; State; Zip Code 1602 McDonald Houston TX 77007	7 Amount (\$) 300.00
8 Purpose of payment (See instructions regarding type of information required.) Bookkeeping,reporting,compliance		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/29/2006	Payee name Brooke Nichols Payee address; City; State; Zip Code 15918 Highland Brook Dr. Houston TX 77083	Amount (\$) 294.00
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:
Date 12/29/2006	Payee name Alliance Payroll Service,Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 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 10/31/2006	Payee name Alliance Payroll Service,Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 46/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 07/10/2006	5 Payee name NGP Software, Inc. 6 Payee address; City; State; Zip Code 1101 Vermont Avenue, NW, Suite 710 Washington DC 20005	7 Amount (\$) 900.00
8 Purpose of payment (See instructions regarding type of information required.) Database expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/14/2006	Payee name Alliance Payroll Service, Inc. Payee address; City; State; Zip Code 12707 North Freeway Suite 320 Houston TX 77060	Amount (\$) 372.11
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 10/13/2006	Payee name Cuyen Le Payee address; City; State; Zip Code 2707 Raven Falls Lane Friendswood TX 77546	Amount (\$) 360.00
Purpose of payment (See instructions regarding type of information required.) Contract payroll/administrative		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/15/2006	Payee name Brooke Nichols Payee address; City; State; Zip Code 15918 Highland Brook Dr. Houston TX 77083	Amount (\$) 450.00
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 # 47/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 07/31/2006	5 Payee name Pam Rosenauer 6 Payee address; City; State; Zip Code 5711 Sugar Hill #68 Houston TX 77057	7 Amount (\$) 1063.20
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 09/22/2006	Payee name Wolf Camera Payee address; City; State; Zip Code 1713 Post Oak Houston TX 77056	Amount (\$) 16.97
Purpose of payment (See instructions regarding type of information required.) Reimb. P. Rosenauer - film		** 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 # 48/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 10/23/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 100.00
8 Purpose of payment (See instructions regarding type of information required.) Alliance Payroll Service/payroll expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 2258.20
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/rent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/22/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 29.92
Purpose of payment (See instructions regarding type of information required.) Filter Fresh/coffee supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/01/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 129.90
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/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 # 49/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 09/01/2006	5 Business name WSB Office Houston, LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 10.69
8 Purpose of payment (See instructions regarding type of information required.) Office Max/supplies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/28/2006	Business name WSB Office Houston, LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 26.15
Purpose of payment (See instructions regarding type of information required.) Office Max/office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2006	Business name WSB Office Houston, LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 129.90
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/parking expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/22/2006	Business name WSB Office Houston, LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 44.61
Purpose of payment (See instructions regarding type of information required.) At&t/telephone expense		** 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 #
50/66

2 FILER NAME Friends of Bill White

3 ACCOUNT # (Ethics Commission filers)

-

4 Date	5 Business name City; State; Zip Code	7 Amount (\$)
09/22/2006	WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	325.25

8 Purpose of payment (See instructions regarding type of information required.)
At&t/telephone expense

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

Candidate / Officeholder name:

Office sought:
Office held:

Date	Business name City; State; Zip Code	Amount (\$)
09/22/2006	WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	36.75

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 City; State; Zip Code	Amount (\$)
12/01/2006	WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	49.23

Purpose of payment (See instructions regarding type of information required.)
Office Max/office supplies

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

Candidate / Officeholder name:

Office sought:
Office held:

Date	Business name City; State; Zip Code	Amount (\$)
10/23/2006	WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	11.57

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 # 51/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 12/01/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 323.78
8 Purpose of payment (See instructions regarding type of information required.) AT&T/telephone expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/16/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 2258.20
Purpose of payment (See instructions regarding type of information required.) The Redstone Building I.P/rent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 66.68
Purpose of payment (See instructions regarding type of information required.) Pam Rosenauer/bookkeeping		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/16/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 74.10
Purpose of payment (See instructions regarding type of information required.) Junior League of Houston/holiday lunch		** 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 # 52/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 12/01/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 103.32
8 Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/est. exp. rec.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 2258.20
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/rent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/28/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 477.11
Purpose of payment (See instructions regarding type of information required.) SBC/telephone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/28/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 25.00
Purpose of payment (See instructions regarding type of information required.) Alliance Payroll Service/payroll expense		** 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 # 53/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) —
4 Date 12/16/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 323.78
8 Purpose of payment (See instructions regarding type of information required.) AT&T/telephone expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 66.68
Purpose of payment (See instructions regarding type of information required.) Pam Rosenauer/bookkeeping		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 16.92
Purpose of payment (See instructions regarding type of information required.) Filter Fresh/coffee supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 57.02
Purpose of payment (See instructions regarding type of information required.) AT&T/internet services		** 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 # 54/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 10/23/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 336.00
8 Purpose of payment (See instructions regarding type of information required.) Quyem Le/administrative expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/28/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 133.34
Purpose of payment (See instructions regarding type of information required.) Bette John/bookkeeping		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 53.34
Purpose of payment (See instructions regarding type of information required.) Pam Rosenauer/bookkeeping		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 526.14
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/rent adjustment		** 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 # 55/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 12/16/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 57.03
8 Purpose of payment (See instructions regarding type of information required.) AT&T/internet services		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/01/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 11.57
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:
Date 09/22/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 2199.74
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/est. exp. rec.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/16/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 103.32
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/est. exp. rec.		** 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 # 56/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) _____
4 Date 09/01/2006	5 Business name WSB Office Houston, LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 2199.74
8 Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/rent		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston, LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 10.77
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 09/01/2006	Business name WSB Office Houston, LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 103.32
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/est. exp. rec.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston, LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 72.71
Purpose of payment (See instructions regarding type of information required.) AT&T/telephone expense		** 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 # 57/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) —
4 Date 09/01/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 25.00
8 Purpose of payment (See instructions regarding type of information required.) Alliance Payroll Service/payroll fee		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/28/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 88.31
Purpose of payment (See instructions regarding type of information required.) Susybelle Zook/bookkeeping		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 103.32
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/est. exp. rec.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 265.90
Purpose of payment (See instructions regarding type of information required.) Baseline Apex Imaging/toner		** 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 # 58/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) —
4 Date 09/01/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 62.22
8 Purpose of payment (See instructions regarding type of information required.) IKON/copier maintenance		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 29.92
Purpose of payment (See instructions regarding type of information required.) Filter Fresh/coffee supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/22/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 23.53
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 09/22/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 14.50
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 # 59/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 12/01/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 77.74
8 Purpose of payment (See instructions regarding type of information required.) Susybelle Zook/reimb. quickbooks online		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 118.64
Purpose of payment (See instructions regarding type of information required.) AT&T/telephone long distance		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/28/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 129.90
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/parking		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 328.61
Purpose of payment (See instructions regarding type of information required.) AT&T/telephone expense		** 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 # 60/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 09/01/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 42.85
8 Purpose of payment (See instructions regarding type of information required.) Octia Corporation/printer expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/16/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 12.50
Purpose of payment (See instructions regarding type of information required.) Alliance Payroll Service/payroll service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/01/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required.) Susybelle Zook/bookkeeping		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 129.90
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/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 # 61/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 07/28/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 2199.74
8 Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/rent		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/16/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 16.92
Purpose of payment (See instructions regarding type of information required.) Filter Fresh/coffee supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/22/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 57.03
Purpose of payment (See instructions regarding type of information required.) At&t/internet services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 11.57
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 # 62/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) --
4 Date 09/01/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 1.41
8 Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/light bulb		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/16/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 11.57
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:
Date 10/23/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 57.03
Purpose of payment (See instructions regarding type of information required.) AT&T/internet services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/16/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 60.00
Purpose of payment (See instructions regarding type of information required.) Pam Rosenauer/bookkeeping		** 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 # 63/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 07/28/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 288.62
8 Purpose of payment (See instructions regarding type of information required.) Baseline Apex Imaging/toner		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/22/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 129.90
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/est. exp. rec.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/28/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 28.15
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:
Date 10/23/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 72.26
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:

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 64/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 12/16/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 129.90
8 Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/parking		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/28/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 38.30
Purpose of payment (See instructions regarding type of information required.) Baseline Apex Imaging/toner		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 20.14
Purpose of payment (See instructions regarding type of information required.) Office Max/supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 131.63
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/carpet cleaning		** 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 # 65/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/01/2006	5 Business name WSB Office Houston,LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 100.00
8 Purpose of payment (See instructions regarding type of information required.) Alliance Payroll Service/payroll expense		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/01/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 361.83
Purpose of payment (See instructions regarding type of information required.) AT&T/telephone expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/16/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) Central Parking System/parking stickers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/01/2006	Business name WSB Office Houston,LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 62.22
Purpose of payment (See instructions regarding type of information required.) IKON Office Solutions/toner		** 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 # 66/66
2 FILER NAME Friends of Bill White		3 ACCOUNT # (Ethics Commission filers) -
4 Date 07/28/2006	5 Business name WSB Office Houston, LLC 6 Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	7 Amount (\$) 103.32
8 Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/est. exp. rec.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/01/2006	Business name WSB Office Houston, LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 57.03
Purpose of payment (See instructions regarding type of information required.) AT&T/internet expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 09/22/2006	Business name WSB Office Houston, LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 103.32
Purpose of payment (See instructions regarding type of information required.) The Redstone Building LP/est. exp. rec.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/23/2006	Business name WSB Office Houston, LLC Business address; City; State; Zip Code 109 North Post Oak Lane Houston TX 77024	Amount (\$) 31.67
Purpose of payment (See instructions regarding type of information required.) Blakely & Wakefield/accounting services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: