

**FORM C/OH**  
**COVER SHEET PG 1**

**GO TO PAGE 2**

**FORM C/OH**  
**COVER SHEET PG 2**

<b>18 AFFIDAVIT</b>		
<p>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.</p>		
<p style="text-align: center;"><b>*** Electronically Certified ***</b></p> <hr/>		
<p style="text-align: center;">Signature of Candidate or Officeholder</p>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		
<p>Sworn to and subscribed before me, by the said <u>Mr Marc K Whyte</u>. this the <u>16th</u> day of <u>January</u>, 20<u>24</u>, to certify which, witness my hand and seal of office.</p>		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

# SUBTOTALS - COH

## FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME <b>Mr Marc K Whyte</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 11400.00</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 14101.11</b>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$ 0</b>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 9**

2 FILER NAME  
**Mr Marc K Whyte**

3 Filer ID (Ethics Commission Filers)

4 Date  
**7/11/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Killen Griffin & Farrimond Political Committee**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**10101 Reunion Place #250  
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**7/25/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Shad R Schmid**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**318 Waxberry Trl  
San Antonio, TX 78256**

Principal occupation / Job title (See instructions)  
**Manager**

Employer (See instructions)  
**King Fish Development**

Date  
**7/25/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Kristi Sutterfied**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**18523 Wild Onion  
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)  
**Executive Officer**

Employer (See instructions)  
**San Antonio Builders Association**

Date  
**7/25/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**EPA Experts Inc**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**19179 Blanco Rd #105-  
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)  
**Real Estate**

Employer (See instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**2 of 9**

2 FILER NAME  
**Mr Marc K Whyte**

3 Filer ID (Ethics Commission Filers)

4 Date  
**7/25/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**SABPAC I Political Contributions**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**3625 Paesanos Pkwy  
San Antonio, TX 78231**

8 Principal occupation / Job title (See instructions)  
**Real Estate**

9 Employer (See instructions)

Date  
**7/25/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Anny. Whyte**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**2211 Fairview St.  
Houston, TX 77019**

Principal occupation / Job title (See instructions)  
**VP Business Development**

Employer (See instructions)  
**Origin Bank**

Date  
**7/27/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Derek Naiser**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**8918 Tesoro #401  
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)  
**Engineer**

Employer (See instructions)  
**Ardurra**

Date  
**9/12/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Frank Burney**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**112 East Pecan Street #1616  
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)  
**Attorney**

Employer (See instructions)  
**Martin & Drought, P.C.**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**3 of 9**

2 FILER NAME  
**Mr Marc K Whyte**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/23/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**USAA Employee PAC**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**9800 Fredricksburg  
San Antonio, TX 78288**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date  
**11/14/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mitchell Stephen**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**1135 Allen View Drive  
New Braunfels, TX 78132**

Principal occupation / Job title (See instructions)  
**retired**

Employer (See instructions)  
**retired**

Date  
**11/14/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Mike Powell**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**218 Yosemite Dr.  
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)  
**Real Estate Buyer**

Employer (See instructions)  
**Moat Management LLC**

Date  
**11/15/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**David Held**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**66 Turnberry Way  
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)  
**Commercial Real Estate**

Employer (See instructions)  
**Endura Advisory Group**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**4 of 9**

2 FILER NAME  
**Mr Marc K Whyte**

3 Filer ID (Ethics Commission Filers)

4 Date  
**11/21/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Robert Bishop**

7 Amount of contribution (\$)  
**100.00**

6 Contributor address; City; State; Zip Code  
**15310 Fall Place Dr  
San Antonio, TX 78247**

8 Principal occupation / Job title (See instructions)  
**retired**

9 Employer (See instructions)  
**retired**

Date  
**11/27/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**MELINDA YOUNG**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**450 Devine Rd  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**retail sales**

Employer (See instructions)  
**Julian Gold**

Date  
**11/27/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**BLAIR YOUNG**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**450 Devine Rd  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**OWNER**

Employer (See instructions)  
**Blair Young Construction, Inc.**

Date  
**11/29/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Daniel Lasater**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**26002 Hootananny  
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)  
**Manager**

Employer (See instructions)  
**PNC Bank**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**5 of 9**

2 FILER NAME  
**Mr Marc K Whyte**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/4/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Charles Wender**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**700 East Hildebrand #1401  
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)  
**Real Estate**

9 Employer (See instructions)  
**Self**

Date  
**12/4/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Rene Wender**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**700 East Hildebrand #1401  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Homemaker**

Employer (See instructions)  
**Homemaker**

Date  
**12/6/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ty Edwards**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**219 Treasure Way  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Financial**

Employer (See instructions)  
**Monarch**

Date  
**12/9/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Patti Larsen**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**7415 Quail Run Dr  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Owner**

Employer (See instructions)  
**Patti Larsen Consulting**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**6 of 9**

2 FILER NAME  
**Mr Marc K Whyte**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/9/2023**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Dennis Stuckey**

7 Amount of contribution (\$)  
**100.00**

6 Contributor address; City; State; Zip Code  
**107 Grassmarket  
San Antonio, TX 78259**

8 Principal occupation / Job title (See instructions)  
**Colonel**

9 Employer (See instructions)  
**Retired military**

Date  
**12/11/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Greg Kowalski**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**PO Box 1361  
San Antonio, TX 78295**

Principal occupation / Job title (See instructions)  
**President**

Employer (See instructions)  
**RK Group**

Date  
**12/11/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Bekki Kowalski**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**PO Box 1361  
San Antonio, TX 78295**

Principal occupation / Job title (See instructions)  
**Catering**

Employer (See instructions)  
**RK Group**

Date  
**12/11/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Edward Trefger**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**25675 Lewis Ranch Road  
New Braunfels, TX 78132**

Principal occupation / Job title (See instructions)  
**Real estate development/construction**

Employer (See instructions)  
**Self employed**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>7 of 9</b>
<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/11/2023</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Seth Bell</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>7801 Broadway #230</b> <b>San Antonio, TX 78209</b>	<b>7</b> Amount of contribution (\$) <b>250.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>Attorney</b>		<b>9</b> Employer (See instructions) <b>Law Office of Seth K. Bell</b>
Date <b>12/12/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MARCO BARROS</b> ..... Contributor address; City; State; Zip Code <b>14018 Sage Bluff</b> <b>San Antonio, TX 78216</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>President</b>		Employer (See instructions) <b>Marco Barros Management</b>
Date <b>12/12/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Pat Garrison</b> ..... Contributor address; City; State; Zip Code <b>335 Oak Glen</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Marketing Director</b>		Employer (See instructions) <b>Chick-fil-A</b>
Date <b>12/13/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Hart Edward</b> ..... Contributor address; City; State; Zip Code <b>2311 Woodmen Dr.</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>President</b>		Employer (See instructions) <b>Sendero Wealth Management</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**8 of 9**

**2** FILER NAME  
**Mr Marc K Whyte**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**12/13/2023**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Miller Naomi**

**7** Amount of contribution (\$)  
**100.00**

**6** Contributor address; City; State; Zip Code  
**259 Emporia Blvd #3  
San Antonio, TX 78209**

**8** Principal occupation / Job title (See instructions)  
**Executive Director**

**9** Employer (See instructions)  
**ACEC San Antonio**

Date  
**12/13/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jeffrey Wentworth**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**160 Country Ln  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Judge**

Employer (See instructions)  
**Retired**

Date  
**12/13/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**John Montford**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**1 Buckingham Ct  
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)  
**President**

Employer (See instructions)  
**JTM Consulting**

Date  
**12/13/2023**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**MARCO BARROS**

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**14018 Sage Bluff  
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)  
**President**

Employer (See instructions)  
**Marco Barros Management**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <div style="text-align: center;"><b>9 of 9</b></div>
<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/13/2023</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Bellinger</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>19431 Settlers Creek</b> <b>San Antonio, TX 78258</b>	<b>7</b> Amount of contribution (\$) <b>500.00</b>
<b>8</b> Principal occupation / Job title (See instructions) <b>CEO</b>		<b>9</b> Employer (See instructions) <b>Bellinger Limited</b>
Date <b>12/13/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gina Bellinger</b> ..... Contributor address; City; State; Zip Code <b>19431 Settlers Creek</b> <b>San Antonio, TX 78258</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>President</b>		Employer (See instructions) <b>Food Safety Net Services</b>
Date <b>12/30/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rick Ramirez</b> ..... Contributor address; City; State; Zip Code <b>804 Vineyard Falls Road</b> <b>Manchaca, TX 78748</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>CRN law</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements			

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral  
☐ none

15 ☐ Check if personal funds were deposited into political  
account (See instructions)

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a  
financial  
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral  
☐ none

☐ Check if personal funds were deposited into political  
account (See Instructions)

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 7</b>	<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/10/2023</b>	<b>5</b> Payee name <b>NORMA DENHAM &amp; ASSOCIATES</b>	
<b>6</b> Amount (\$) <b>1890.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>15706 Knoll Cliff San Antonio, TX 78247</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	<b>(b)</b> Description <b>Campaign</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

  

Date <b>7/10/2023</b>	Payee name <b>Raconteur Media Company</b>	
Amount (\$) <b>1333.33</b>	Payee address; City; State; Zip Code <b>PO Box 26511 Austin, TX 78755</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Media</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

  

Date <b>7/10/2023</b>	Payee name <b>GODADDY.COM</b>	
Amount (\$) <b>9.58</b>	Payee address; City; State; Zip Code <b>2155 E. GoDaddy Way Tempe, AZ 85284</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Media</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 7</b>	<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/14/2023</b>	<b>5</b> Payee name <b>Andrew J Greene CPA</b>		
<b>6</b> Amount (\$) <b>2662.50</b>	<b>7</b> Payee address; City; State; Zip Code <b>5642 Timber Steep San Antonio, TX 78250</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Accounting/Banking</b>		<b>(b)</b> Description <b>Campaign reports, bookkeeping, CPA</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>8/8/2023</b>	Payee name <b>GODADDY.COM</b>		
Amount (\$) <b>9.58</b>	Payee address; City; State; Zip Code <b>2155 E. GoDaddy Way Tempe, AZ 85284</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Media</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date <b>8/9/2023</b>	Payee name <b>Raconteur Media Company</b>		
Amount (\$) <b>1019.26</b>	Payee address; City; State; Zip Code <b>PO Box 26511 Austin, TX 78755</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Media services</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 7</b>	<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>8/14/2023</b>	<b>5</b> Payee name <b>Erika Guzman</b>		
<b>6</b> Amount (\$) <b>923.92</b>	<b>7</b> Payee address; City; State; Zip Code <b>12002 Los Cerdos St. San Antonio, TX 78233</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		<b>(b)</b> Description <b>Prepare Finance Report, Thank you cards</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>9/11/2023</b>	Payee name <b>GODADDY.COM</b>		
Amount (\$) <b>9.58</b>	Payee address; City; State; Zip Code <b>2155 E. GoDaddy Way Tempe, AZ 85284</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Media</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>9/15/2023</b>	Payee name <b>Anedot</b>		
Amount (\$) <b>30.60</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Contribution platform processing fees 7/01/23-9/30/23</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking  
Advertising Expense  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 7</b>	<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/27/2023</b>	<b>5</b> Payee name <b>Jonathan Alonso Photography</b>		
<b>6</b> Amount (\$) <b>270.63</b>	<b>7</b> Payee address; City; State; Zip Code <b>518 Cherry Ridge Ave. San Antonio, TX 78213</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Event Expense</b>		<b>(b)</b> Description <b>Roundtable Discussion</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date <b>10/10/2023</b>	Payee name <b>GODADDY.COM</b>		
Amount (\$) <b>9.58</b>	Payee address; City; State; Zip Code <b>2155 E. GoDaddy Way Tempe, AZ 85284</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Media</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date <b>10/23/2023</b>	Payee name <b>Raconteur Media Company</b>		
Amount (\$) <b>1200.57</b>	Payee address; City; State; Zip Code <b>PO Box 26511 Austin, TX 78755</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Media</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>5 of 7</b>	<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/2/2023</b>	<b>5</b> Payee name <b>Bank of America</b>		
<b>6</b> Amount (\$) <b>41.52</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 25118 Tampa, FL 33622</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Bank Fees- Check Order</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>11/9/2023</b>	Payee name <b>GODADDY.COM</b>		
Amount (\$) <b>9.58</b>	Payee address; City; State; Zip Code <b>2155 E. GoDaddy Way Tempe, AZ 85284</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Media</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>11/10/2023</b>	Payee name <b>Raconteur Media Company</b>		
Amount (\$) <b>1229.00</b>	Payee address; City; State; Zip Code <b>PO Box 26511 Austin, TX 78755</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Media</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>6 of 7</b>	<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/17/2023</b>	<b>5</b> Payee name <b>Erika Guzman</b>		
<b>6</b> Amount (\$) <b>90.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>12002 Los Cerdos St. San Antonio, TX 78233</b>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>		<b>(b)</b> Description <b>Prepare finance report</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>11/22/2023</b>	Payee name <b>Raconteur Media Company</b>		
Amount (\$) <b>1139.35</b>	Payee address; City; State; Zip Code <b>PO Box 26511 Austin, TX 78755</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Media</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>12/11/2023</b>	Payee name <b>GODADDY.COM</b>		
Amount (\$) <b>9.58</b>	Payee address; City; State; Zip Code <b>2155 E. GoDaddy Way Tempe, AZ 85284</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Media</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>7 of 7</b>	<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/14/2023</b>	<b>5</b> Payee name <b>Monarch Trophy Studio</b>		
<b>6</b> Amount (\$) <b>1435.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 839976 San Antonio, TX 78283</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Fiesta Medals</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>12/15/2023</b>	Payee name <b>THE BARN DOOR RESTAURANT</b>		
Amount (\$) <b>500.55</b>	Payee address; City; State; Zip Code <b>8400 N. New Braunfels San Antonio, TX 78209</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Fundraising Event</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>12/31/2023</b>	Payee name <b>Anedot</b>		
Amount (\$) <b>277.40</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street New Orleans, LA 70112</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <b>Contribution platform processing fees</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking  
Advertising Expense  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	---	--

<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

--	--	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:  
**1 of 1**

**2** FILER NAME  
**Mr Marc K Whyte**

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom investment is purchased

.....  
**6** Address of person from whom investment is purchased; City; State; Zip Code

**7** Description of investment

**8** Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....  
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking  
Advertising Expense  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	---	--

<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule G: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee Name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address;                      City;      State;      Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	
	<b>(b)</b> Description	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held		

  

Date	Payee name		
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held			

  

Date	Payee name		
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule H: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name		
<b>6</b> Amount (\$)	<b>7</b> Payee address;                      City;      State;      Zip Code		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category    (See instructions for examples of acceptable categories.)	<b>(b)</b> Description    (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category    (See instructions for examples of acceptable categories.)	Description    (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category    (See instructions for examples of acceptable categories.)	Description    (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category    (See instructions for examples of acceptable categories.)	Description    (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category    (See instructions for examples of acceptable categories.)	Description    (See instructions regarding type of information required.)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

**SCHEDULE T**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: <b>1 of 1</b>
<b>2</b> FILER NAME <b>Mr Marc K Whyte</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME  
**Mr Marc K Whyte**

Filer ID (Ethics Commission Filers)

## SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

## FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

### A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

## OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder