

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 9		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
	Mr	Marc	K		
	NICKNAME	LAST	SUFFIX		
		Whyte			
4 ORIGINAL REPORT TYPE	July 15: Semi-Annual				
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year		
	4/27/2023		6/30/2023		

6 EXPLANATION OF CORRECTION

Corrections to Schedule A1 Only:

D.Zachry-Delete duplicate

W.Haden-Correct employer and spelling of last name

Add or correct occupation/employer:

7 AFFIDAVIT

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

Check ONLY if applicable:



Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.



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

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Marc K Whyte this the 20th day of July, 20 23, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Marc	MI K	OFFICE USE ONLY Date Received 7/21/2023 9:30:36AM	
	NICKNAME	LAST Whyte	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9240 Marymont Park San Antonio TX 78217				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 562-2870	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Eddie	MI	Receipt #	Amount \$
	NICKNAME	LAST Aldrete	SUFFIX	Date Processed 7/21/2023 9:30:36AM	
	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 335 Countrywood Dr. San Antonio TX 78216				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 492-8383	EXTENSION		
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year 4/27/2023 THROUGH 6/30/2023				
11 ELECTION	ELECTION DATE Month Day Year 5/6/2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Council District 10		13 OFFICE SOUGHT (if known) Council District 10		

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 01/01/2020

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mr Marc K Whyte		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 33165.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 85607.11
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 5

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
5/2/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Chantal Smith

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**19135 Kristen Way
San Antonio, TX 78258**

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

9 Employer (See instructions)
Port A Realty

Date
5/2/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Wade Hayden

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**7750 Broadway
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Hayden and Cunningham PLLC

Date
6/7/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Charles 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)
Real Estate

Employer (See instructions)
Charles Martin Wender Real Estate

Date
6/7/2023

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)
Real Estate

Employer (See instructions)
Charles Martin Wender Real Estate

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 5

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/12/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Melinda Young

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Bridal Buyer

9 Employer (See instructions)
Julian Gold

Date
6/12/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kris Coons

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**15567 Robin Ridge Rd
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Design Consultant

Employer (See instructions)
Retired

Date
6/12/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gina Eisenberg

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**16 Garden Square
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
PR Consultant

Employer (See instructions)
The Eisenberg Group

Date
6/14/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Walter Embrey III

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**405 Wiltshire Ave.
San Antonio, TX 78209**

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

Employer (See instructions)
Embrey DC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: center;">3 of 5</div>
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 6/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Kirk 6 Contributor address; City; State; Zip Code 113 Paseo Del Rio Seguin, TX 78155	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See instructions) Real Estate		9 Employer (See instructions) Embrey DC
Date 6/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jane Macon Contributor address; City; State; Zip Code 300 Convent St San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Bracewell LLP
Date 6/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Ortiz Contributor address; City; State; Zip Code 9103 Mellbrook St. San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Ortiz and McKnight PLLC
Date 6/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judith Rodriguez Contributor address; City; State; Zip Code 351 E. Terra Alta Dr. San Antonio, TX 78209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Realtor		Employer (See instructions) Keller Williams
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 5

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/26/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Stephani Walsh Campaign

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**411 S. Presa
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Walsh Mediation

Date
6/26/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Larry Macon

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 120250
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Macon Law Firm

Date
6/26/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marshall Miller

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**319 Limestone Creek
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Jackson Walker

Date
6/26/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Perry Donop

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**7744 Broadway #108
San Antonio, TX 78209**

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

Employer (See instructions)
Perry Donop Realty

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 5

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/26/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Darlene Starr

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**7334 Blanco #200
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Housewife

9 Employer (See instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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