CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete		er ID (Ethics Commission Filers	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRE		мі К	OFFICE US	SE ONLY
NAME	NICKNAME LAS		SUFFIX	Date Received 1/15/2025 3:12:2	27PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SU 9240 Marymont Park San Antonio TX 78217	ITE#; CITY;	STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NU (210) 562-28		EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIR:	= -	MI	Receipt #	Amount \$
NAME	NICKNAME LAS	Trete	SUFFIX	Date Processed 1/15/2025 3:12:2	7PM
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BC 335 Countrywood Dr. San Antonio TX 78216 AREA CODE PHONE NU (210) 492-83	MBER	EXTENSION	ATE; ZIP CODE	
9 REPORT TYPE	January 15: Semi-Ann	nual			
10 PERIOD COVERED	Month Da 7/1/20	•	Month THROUGH 12	Day Year 2/31/2024	
11 ELECTION	ELECTION DATE Month Day Year 5/3/2025	Primary X General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) Council District 10		13 OFFICE SOUGH		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Mr Marc K Whyte				15 Filer II) (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRE	SS		
	SPECIFIC				
Additional Pages		COMMITTEE CAMPA	IGN TREASURER NAME		
3		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	 PLEDGES, LC 	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC	*	\$	0
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	92884.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.		\$	0	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	35439.65
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$	163913.24
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$	50000.00
18 AFFIDAVIT					
			I swear, or affirm, under penalty of is true and correct and includes al me under Title 15, Election Code.	I information	
			* * * Electronically		
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	te or Officeho	older
Sworn to and subscribe of January ,		-		this t	the <u>15th</u> day
Signature of officer adm	ninistering oath	Printed name of	officer administering oath	Title	of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAME		20 Filer ID (Ethics Commission Filers)	
	Mr Marc K Whyte			
21	SCHEDULE SUBTOTALS	S	SUBTOTAL AMOUNT	
1.	X SCHEDULE A1:	MONETARY POLITICAL CONTRIBUTIONS	\$ 92884.25	
2.	X SCHEDULE A2:	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0	
3.	X SCHEDULE B: F	PLEDGED CONTRIBUTIONS	\$ 0	
4.	X SCHEDULE E: L	X SCHEDULE E: LOANS		
5.	X SCHEDULE F1:	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	X SCHEDULE F2:	X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	X SCHEDULE F3:	PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	\$ \$0	
8.	X SCHEDULE F4:	EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9.	X SCHEDULE G: F	POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0	
10.	X SCHEDULE H: F	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	*C/OH	
11.	X SCHEDULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	\$ 0	
12.	SCHEDULE K: II RETURNED TO	NTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FILER	\$ 0	

SCHEDULE A1

	ī	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 1 of 55
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 7/1/2024	5 Full name of contributor Greg Kowalski	out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; PO Box 1361 San Antonio, TX 78295	City;	State; Zip Code	
8	Principal occupa President	ation / Job title (See instructions)		9 Employer (See instru RK Group	ictions)
	Date 7/1/2024	Full name of contributor Bekki Kowalski	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; PO Box 1361 San Antonio, TX 78295	City;	State; Zip Code	
	Principal occupa Catering	ation / Job title (See instructions)		Employer (See instru RK Group	ictions)
	Date 7/1/2024	Full name of contributor Henry Gonzalez	out-of-state P/	AC (ID#)	Amount of contribution (\$) 379.25
		Contributor address; 419 Thelma Drive San Antonio, TX 78212	City;		
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Gonzalez Chiscano	nctions) Angulo & Kasson, PC and Jefferson Ba
	Date 7/11/2024	Full name of contributor Frank Burney	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 112 E. Pecan St. #1616 San Antonio, TX 78205	City;	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)		Employer (See instru Martin & Drought, P	

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SCHEDULE A1

	ī	he Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1: 2 of 55
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 7/12/2024	5 Full name of contributor Out-of-Amegy Bank of Texas PAC	state PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City 1717 West Loop S Houston, TX 77027	y; State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instr	uctions)
	Date 7/12/2024	Full name of contributor	state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City 1500 Fawn Bluff San Antonio, TX 78248	y; State; Zip Code	
			Employer (See instr Gordon Hartman Fa	,
	Date 7/19/2024	Full name of contributor	state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City 1510 West Loop South Houston, TX 77027	/; State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instr Landrys	uctions)
	Date 7/19/2024	Full name of contributor ☐ out-of- Kiki Courtelis	state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City 241 Russell Cave Rd Georgetown, KY 40324	/; State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instr	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 3 of 55
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 7/21/2024	5 Full name of contributor ☐ out-of-state Micah Salinas	PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 12512 Will Cloudsley Schertz, TX 78154	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 7/29/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 5210 Thousand Oaks #131B San Antonio, TX 78233	State; Zip Code	
, , , , , , , , , , , , , , , , , , , ,			Employer (See instru Gordon Hartman Fa	•
	Date 7/30/2024	,		Amount of contribution (\$) 500.00
		Contributor address; City; 1 Buckingham Ct San Antonio, TX 78257	State; Zip Code	
	Principal occupa President	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 8/12/2024	Full name of contributor	PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 111 Parklane San Antonio, TX 78212	State; Zip Code	
Principal occupation / Job title (See instructions) Real estate			Employer (See instructions) Mellick T. Sykes Jr.	

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SCHEDULE A1

	-	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: 4 of 55
2	FILER NAME Mr Marc K Why	rte	3	Filer ID (Ethics Commission Filers)
4	Date 8/16/2024	5 Full name of contributor		Amount of contribution (\$) 500.00
		6 Contributor address; City; State; Zip C PO Box 100455 San Antonio, TX 78201	code	
8	Principal occupa	,	(See instructio irefighters As	ns) soc Local 624
	Date 8/24/2024	Full name of contributor		Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip C 408 Pike Road San Antonio, TX 78209	Code	
Principal occupation / Job title (See instructions) Employer (See in Investments Argent Trust			•	ns)
	Date 8/24/2024	Full name of contributor		Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip C 408 Pike Road San Antonio, TX 78209	code	
	Principal occupa	ation / Job title (See instructions) Employer	(See instructio	ns)
	Date 9/10/2024	Full name of contributor		Amount of contribution (\$) 500.00
		Contributor address; City; State; Zip C 31305 Kenneland Dr Boerne, TX 78015	code	
	Principal occupa	ation / Job title (See instructions) Employer ANCIRA	(See instructio	ns)

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SCHEDULE A1

	Т	he Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 5 of 55
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 9/25/2024	5 Full name of contributor John Agather	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 300 W. French PI San Antonio, TX 78212	City;	State; Zip Code	
8 Principal occupation / Job title (See instructions) President 9 Employer (See instructions) John Agather Realty			•		
	Date 9/25/2024	Full name of contributor Ruth Agather	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 300 W. French Pl San Antonio, TX 78212	City;		
Principal occupation / Job title (See instructions) Employer (See instructions) Attorney Rosenthal Pauersto			uctions) ein Sandoloski Agather Attorneys at Law		
	Date 10/3/2024	Full name of contributor Derek Naiser	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 104 Summer Gld Boerne, TX 78006	City;		
	Principal occupa Engineer	tion / Job title (See instructions)		Employer (See instru Ardurra	uctions)
	Date 10/12/2024	Full name of contributor Christian Hummel	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 7519 Bridgewater Dr. San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Real Estate	tion / Job title (See instructions)		Employer (See instru Self	uctions)

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

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SCHEDULE A1

	٦	he Instruction Guide explains how to com	plete this form.	1 Total pages Schedule A1: 6 of 55
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 10/15/2024	5 Full name of contributor □ ou Allison Irelan	t-of-state PAC (ID#) 7 Amount of contribution (\$) 500.00
		6 Contributor address; 2520 Caroline Street Houston, TX 77004	City; State; Zip Code	
8	Principal occupa	ntion / Job title (See instructions) or	9 Employer (See Morgan Stane	•
	Date 10/16/2024	Full name of contributor	t-of-state PAC (ID#) Amount of contribution (\$) 500.00
		Contributor address; 2217 Fairview Street Houston, TX 77019	City; State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See retired	e instructions)
	Date 10/16/2024	Full name of contributor □ ou Jonathan Whyte	t-of-state PAC (ID#) Amount of contribution (\$) 500.00
		Contributor address; 4125 Northaven Rd Dallas, TX 75229	City; State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instructions) Tiago title	
	Date 10/16/2024	Full name of contributor	t-of-state PAC (ID#) Amount of contribution (\$) 500.00
		Contributor address; 2211 Fairview St Houston, TX 77019	City; State; Zip Code	
	Principal occupa	ation / Job title (See instructions) evelopment	Employer (See Orgin Bank	e instructions)

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SCHEDULE A1

	T	he Instruction Guide explains how to comp	elete this form.	1 Total pages Schedule A1: 7 of 55
2	FILER NAME Mr Marc K Why	e		3 Filer ID (Ethics Commission Filers)
4	Date 10/16/2024	5 Full name of contributor □ out- Lawrence Whyte	of-state PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; C 2215 Alcova Ridge Drive Las Vegas, NV 89135	ity; State; Zip Code	
8	Principal occupa Company presi	tion / Job title (See instructions) dent	9 Employer (See ins Nitrade Inc	tructions)
	Date 10/16/2024	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 319 Limestone Creek San Antonio, TX 78232	ity; State; Zip Code	•
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See ins Jackson Walker	tructions)
	Date 10/16/2024	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 319 Limestone Creek San Antonio, TX 78232	ity; State; Zip Code	•
	Principal occupa Advisor	tion / Job title (See instructions)	Employer (See ins Nxstep	tructions)
	Date 10/17/2024	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 2441 NE 201st St Aventura, FL 33180	ity; State; Zip Code	
	Principal occupa retired	tion / Job title (See instructions)	Employer (See ins	tructions)

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 8 of 55
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 10/21/2024	5 Full name of contributor John Rouse	out-of-state Pa	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 405 Canterbury Hill Street San Antonio, TX 78209	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Langley & Banack, I	•
	Date 10/23/2024	Full name of contributor W R Williams	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 517 Geneseo Rd San Antonio, TX 78209	City;	State; Zip Code	
		Employer (See instru Hoover Farms LLC	actions)		
	Date 10/25/2024	Full name of contributor Rick Ramirez	out-of-state PAC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 804 Vineyard Falls Road Austin, TX 78748	City;	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)		Employer (See instru CRN Law	actions)
	Date 10/26/2024	Full name of contributor Dragica Prelevic	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 772 Quail Creek Lufkin, TX 75904-0342	City;	State; Zip Code	
	Principal occupa Self Employed	tion / Job title (See instructions)		Employer (See instru	ictions)

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SCHEDULE A1

		The Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 9 of 55
2	FILER NAME Mr Marc K Wh	yte			3 Filer ID (Ethics Commission Filers)
4	Date 10/26/2024	5 Full name of contributor Dean Schroeder	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 772 Quail Creek Lufkin, TX 75904-0342	City; S	State; Zip Code	
8	Principal occup Self Employed	ation / Job title (See instructions)		9 Employer (See instr	uctions)
	Date 10/28/2024	Full name of contributor Abigail McDougal	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 417 West Lewis Conroe, TX 77301	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Attorney			Employer (See instr McDougal Law	uctions)	
	Date 10/28/2024	Full name of contributor Brad Beldon	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 101 Paseo Encinal Street San Antonio, TX 78212	City;	State; Zip Code	
	Principal occup CEO	ation / Job title (See instructions)	Employer (See instructions) BELDON Roofing COmpany		
	Date 10/30/2024	Full name of contributor Nathan Miller	Out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 430 Old East Ridge Road Boone, NC 28607	City; S	State; Zip Code	
Principal occupation / Job title (See instructions) Attorney			Employer (See instr Self	uctions)	

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SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 10 of 55
2	FILER NAME Mr Marc K Why	yte			3 Filer ID (Ethics Commission Filers)
4	Date 10/30/2024	5 Full name of contributor Crystal Miller	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 430 Old East Ridge Road Boone, NC 28607	City;	State; Zip Code	
8	Principal occup Homemaker	oation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 11/1/2024	Full name of contributor Larry Mendez	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 204 Fawn Shavano Park, TX 78231	City;	State; Zip Code	
	Principal occupation / Job title (See instructions) Employer (Se Commercial RE Broker CBRE		Employer (See instru	uctions)	
	Date 11/1/2024	Full name of contributor Yvette V Mendez	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 204 Fawn Shavano Park, TX 78231	City;	State; Zip Code	
	Principal occup Homemaker	pation / Job title (See instructions)		Employer (See instructions)	
	Date 11/1/2024	Full name of contributor Raymond Cacace	out-of-state P/	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 3511 Trailway Park Street San Antonio, TX 78247	City;	State; Zip Code	
	Principal occup HR	oation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	1	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 11 of 55	
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 11/4/2024	5 Full name of contributor ☐ out-of-state PA Michael Bigley	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 901 NE loop 410 #415 san antonio, TX 78209	tate; Zip Code	
8	Principal occupa President	tion / Job title (See instructions)	9 Employer (See instruction Excel Benefits	ctions)
	Date 11/6/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 2511 Ashton Village Dr San Antonio, TX 78248	tate; Zip Code	
· · · · · · · · · · · · · · · · · · ·		Employer (See instruction Immigration	•	
	Date 11/6/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 4310 Canoas Dr Austin, TX 78730	tate; Zip Code	
	Principal occupa President	ation / Job title (See instructions)	Employer (See instruction Cultiva Financial	ctions)
	Date 11/12/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; S 906 Sprucewood Ln HOUSTON, TX 77024-2802	tate; Zip Code	
	Principal occupa Closing Manag	ation / Job title (See instructions) er	Employer (See instruction Fisrt Continental Ma	•

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SCHEDULE A1

	The Instruction Guide explains how to complete this	1 Total pages Schedule A1: 12 of 55	
2 FILER NAME Mr Marc K Wh	yte		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2024	5 Full name of contributor ut-of-state P J Scott Rose	AC (ID#)	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; 610 East Market Street San Antonio, TX 78205	State; Zip Code	
8 Principal occup	ation / Job title (See instructions)	9 Employer (See instruction Jackson Walker	ctions)
Date 11/18/2024	Full name of contributor ut-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; 16018 Via Shavano San Antonio, TX 78249	State; Zip Code	
Principal occup Attorney	ation / Job title (See instructions)	Employer (See instruction Gravely PC	ctions)
Date 11/18/2024	Full name of contributor ut-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; 16018 Via Shavano San Antonio, TX 78249	State; Zip Code	
Principal occup Homemaker	ation / Job title (See instructions)	Employer (See instru	ctions)
Date 11/18/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; 901 NE Loop 410 #530 San Antonio, TX 78209	State; Zip Code	
Principal occup Attorney	ation / Job title (See instructions)	Employer (See instruction Furlow Law Firm	ctions)

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SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 13 of 55
2	FILER NAME Mr Marc K Wh	yte		3 Filer ID (Ethics Commission Filers)
4	Date 11/21/2024	MaryLou Swift	AC (ID#)	7 Amount of contribution (\$) 35.00
		Houston, TX 77098		
8	Principal occup	pation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 11/21/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 321 Burr Rd. San Antonio, TX 78209	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (Se retired retired		Employer (See instru	uctions)	
	Date Full name of contributor ☐ out-of-state PAC (ID#) 11/22/2024 Michael Anderson		AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 2911 Hedgewyck St San Antonio, TX 78217	State; Zip Code	
	Principal occup	pation / Job title (See instructions)	Employer (See instructions) retired	
	Date 11/25/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 213 Medford Dr San Antonio, TX 78209	State; Zip Code	
Principal occupation / Job title (See instructions) Not-for-profit executive		Employer (See instructions) Davids Legacy Foundation		

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

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SCHEDULE A1

	Т	he Instruction Guide explains how t	1 Total pages Schedule A1: 14 of 55		
2	FILER NAME Mr Marc K Whyt	te			3 Filer ID (Ethics Commission Filers)
4	Date 11/26/2024	5 Full name of contributor Greg Mann	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 401 morningside San Antonio, TX 78209	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Mann Venture Partn	•
	Date 11/26/2024	Full name of contributor Julia Mann	Out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 401 morningside San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Attoney	tion / Job title (See instructions)		Employer (See instru Jackson Walker	actions)
	Date 11/26/2024	Full name of contributor David Christian	Out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1800 McCullough Ave San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)		Employer (See instru Self	uctions)
	Date 11/27/2024	Full name of contributor Michael Fallon	Out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 3100 N Rochester St Arlington, VA 22213	City;	State; Zip Code	
	Principal occupa Owner/self emp	tion / Job title (See instructions)		Employer (See instru Solomon Hess	uctions)

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SCHEDULE A1

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15 of 55
2 FILER NAME Mr Marc K Wh	nyte		3 Filer ID (Ethics Commission Filers)
4 Date 11/27/2024	5 Full name of contributor ☐ out-of-state PA Kristen Fallon	C (ID#)	7 Amount of contribution (\$) 500.00
8 Principal occu Homemaker	pation / Job title (See instructions)	9 Employer (See instru	uctions)
Date 11/27/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; S PO Box 17428 Austin, TX 78760	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See			uctions)
Date 12/1/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00
	Contributor address; City; S 3511 Trailway Park St San Antonio, TX 78247	State; Zip Code	
Principal occu HR	pation / Job title (See instructions)	Employer (See instru Endeavors	uctions)
Date 12/2/2024	Full name of contributor	NC (ID#)	Amount of contribution (\$) 100.00
	Contributor address; City; S 4534 Stark Aly San Antonio, TX 78217	State; Zip Code	
Principal occu VP Sales	pation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	Ţ	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 16 of 55	
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 12/2/2024	5 Full name of contributor ut-of-state P. Scott Brymer	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 1843 Village Crossing Dr Charleston, SC 29492	State; Zip Code	
8		ntion / Job title (See instructions) relopment/Investment	9 Employer (See instru Self	ctions)
	Date 12/2/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 905 Ivy Lane Terrell Hills, TX 78209	State; Zip Code	
Principal occupation / Job title (See instructions) Real Estate		Employer (See instru Details	ctions)	
	Date 12/2/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 5 40 NE Loop 410 #620 San Antonio, TX 78216		
	Principal occupa	tion / Job title (See instructions)	Employer (See instru David B. Reitblatt, P	•
	Date 12/2/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 14 Dezavala Place San Antonio, TX 78231	State; Zip Code	
	Principal occupa	ntion / Job title (See instructions) relopment	Employer (See instru Mosaiclanddevelopn	•

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 17 of 55
2	FILER NAME Mr Marc K Whyt	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/2/2024	5 Full name of contributor CARLOS SOLIS	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 19419 Settlers Crk San Antonio, TX 78258	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru SOLIS LAW	uctions)
	Date 12/3/2024	Full name of contributor Jonathan Starr	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 3226 Spider Lily San Antonio, TX 78258	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Attorney			Employer (See instru RPSA law	uctions)	
	Date 12/3/2024	,		AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 303 Devine Rd San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa Consultant	tion / Job title (See instructions)		Employer (See instru Capital Managemer	•
	Date 12/3/2024	Full name of contributor Manuel Mungia	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 222 Cloverleaf Ave San Antonio, TX 78209	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Lawyer				Employer (See instructions) Norton Rose Fulbright	

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SCHEDULE A1

		The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 18 of 55
2	FILER NAME Mr Marc K Wh	yte		3 Filer ID (Ethics Commission Filers)
4	Date 12/3/2024	5 Full name of contributor ☐ out-of-state PA Kevin Flynn	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 6975 Via Valverde La Jolla, CA 92037	tate; Zip Code	
8	Principal occup Entrepreneur	pation / Job title (See instructions)	9 Employer (See instru Complete Recycling	•
	Date 12/3/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 4527 W Alabama St Houston, TX 77027	tate; Zip Code	
Principal occupation / Job title (See instructions) Attorney		Employer (See instru Matthew Zar	ctions)	
	Date 12/3/2024	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$) 120.00
		Contributor address; City; S 9601 N. McAllister Freeway San Antonio, TX 78216	tate; Zip Code	
	Principal occup Attorney/Bank	ing	Employer (See instru Gonzalez Chiscano	ctions) Angulo & Kasson, PC/Jefferson
	Date 12/4/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 211 Wellesley Hill San Antonio, TX 78231	tate; Zip Code	
	Principal occup	pation / Job title (See instructions)	Employer (See instru dnt construction	ctions)

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SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 19 of 55
2	FILER NAME Mr Marc K Why	rte			3 Filer ID (Ethics Commission Filers)
4	Date 12/4/2024	5 Full name of contributor Joseph Straus Jr	☐ out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1 Retama Pkwy Selma, TX 78154	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 12/4/2024	Full name of contributor Louis Barrios	out-of-state P	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; 1102 Morgans Peak San Antonio, TX 78258	City;	State; Zip Code	
Principal occupation / Job title (See instructions) President		Employer (See instru Los Barrios	uctions)		
	Date Full name of contributor ☐ out-of-state PAC (ID#		AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 335 Country Wood Drive San Antonio, TX 78216	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instructions) Aldrete Strategic Partners, LLC	
	Date 12/5/2024	Full name of contributor Joshua Cude	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1160 Rodalyn Boerne, TX 78006	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 20 of 55
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/5/2024	5 Full name of contributor Annie Cude	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1160 Rodalyn Boerne, TX 78006	City;	State; Zip Code	
8	Principal occupa Designer	ation / Job title (See instructions)		9 Employer (See instru Cude and Co.	ctions)
	Date 12/5/2024	Full name of contributor Justin Journeay	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 2440 Kylie New Braunfels, TX 78130	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Developement		Employer (See instru Ashton Woods	ctions)		
	Date 12/5/2024			AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 4 Osborn Hill San antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Commercial Ag	ation / Job title (See instructions) ent		Employer (See instru Keller Williams Heri	ctions) tage- KW Commercial
	Date 12/5/2024	Full name of contributor Justin Allison	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 19718 Encino Way San Antonio, TX 78259	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Vice President				Employer (See instru DNT Construction	ctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 21 of 55	
2	FILER NAME Mr Marc K Whyt	e		3 Filer ID (Ethics Commission Filers)	
4	Date 12/5/2024		C (ID#)	7 Amount of contribution (\$) 500.00	
		19718 Encino Way San Antonio, TX 78259			
8	Principal occupa Homemaker	tion / Job title (See instructions)	9 Employer (See instruc	ctions)	
	Date 12/5/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 9455 E Lakefront Cir Wichita, KS 67206	tate; Zip Code		
	Principal occupa President	tion / Job title (See instructions)	Employer (See instruction FJM General, Inc.	ctions)	
	Date 12/5/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 8120 Killarney Ct Wichita, KS 67206	tate; Zip Code		
	Principal occupa Homemaker	tion / Job title (See instructions)	Employer (See instruc	ctions)	
	Date 12/5/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 400 N Woodlawn ST. #210 Wichita, KS 67208	tate; Zip Code		
	Principal occupa Homemaker	tion / Job title (See instructions)	Employer (See instruc	ctions)	
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SCHEDULE A1

	ī	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 22 of 55
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 12/5/2024	5 Full name of contributor ut-of-state PA Herbert Krumsick Rev Trust	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 400 N Woodlawn #210 Wichita, TX 67208	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instruction J.P. Weigand & Sons	•
	Date 12/6/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; S 145 Grand Oak San Antonio, TX 78232	State; Zip Code	
Principal occupation / Job title (See instructions) Attorney Employer (See instructions) retired				
	Date 12/6/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 10602 Sunflower Ln San Antonio, TX 78213	State; Zip Code	
		ation / Job title (See instructions) of Land Development	Employer (See instruction Meritage Homes	ctions)
	Date 12/6/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 200.00
		Contributor address; City; S 9022 Western Vw Helotes, TX 78023	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instruction	ctions)

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SCHEDULE A1

Т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 23 of 55
FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
Date 12/9/2024	5 Full name of contributor John Feik	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 250.00
	6 Contributor address; 727 Elizabeth Rd San Antonio, TX 78209	City;	State; Zip Code	
Principal occupa Self Employed	tion / Job title (See instructions)		9 Employer (See instru Self Employed	uctions)
Date 12/9/2024	Full name of contributor Bradley Johnson	☐ out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; 2211 Camelback Drive San Antonio, TX 78209	City;	State; Zip Code	
			Employer (See instru	•
Date 12/9/2024	Full name of contributor Joseph Hoffer	☐ out-of-state P/	AC (ID#)	Amount of contribution (\$) 300.00
	Contributor address; 66 Champion Clf San Antonio, TX 78258	City;	State; Zip Code	
Principal occupa Attorney	tion / Job title (See instructions)		Employer (See instru Self	uctions)
Date 12/9/2024	Full name of contributor Pamela Dreiss	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; 3 Imperial Oaks San Antonio, TX 78248	City;	State; Zip Code	
Principal occupa	tion / Job title (See instructions)		Employer (See instru Stryker	uctions)
	FILER NAME Mr Marc K Whyte Date 12/9/2024 Principal occupa Self Employed Date 12/9/2024 Principal occupa Financial Advis Date 12/9/2024 Principal occupa Attorney Date 12/9/2024	FILER NAME Mr Marc K Whyte Date 12/9/2024 5 Full name of contributor John Feik 6 Contributor address; 727 Elizabeth Rd San Antonio, TX 78209 Principal occupation / Job title (See instructions) Self Employed Date 12/9/2024 Full name of contributor Bradley Johnson Contributor address; 2211 Camelback Drive San Antonio, TX 78209 Principal occupation / Job title (See instructions) Financial Advisor Date 12/9/2024 Full name of contributor Joseph Hoffer Contributor address; 66 Champion Clf San Antonio, TX 78258 Principal occupation / Job title (See instructions) Attorney Date 12/9/2024 Full name of contributor Pamela Dreiss Contributor address; 3 Imperial Oaks San Antonio, TX 78248 Principal occupation / Job title (See instructions)	FILER NAME Mr Marc K Whyte Date 12/9/2024 5 Full name of contributor John Feik 6 Contributor address; 727 Elizabeth Rd San Antonio, TX 78209 Principal occupation / Job title (See instructions) Self Employed Date 12/9/2024 Bradley Johnson Contributor address; 2211 Camelback Drive San Antonio, TX 78209 Principal occupation / Job title (See instructions) Financial Advisor Date 12/9/2024 Full name of contributor San Antonio, TX 78209 Principal occupation / Job title (See instructions) Financial Advisor Contributor address; 66 Champion Clf San Antonio, TX 78258 Principal occupation / Job title (See instructions) Attorney Date Full name of contributor San Antonio, TX 78258 Principal occupation / Job title (See instructions) Attorney Date Full name of contributor Pamela Dreiss Contributor address; 3 Imperial Oaks San Antonio, TX 78248 Principal occupation / Job title (See instructions)	Date 12/9/2024 5 Full name of contributor

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SCHEDULE A1

	-	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 24 of 55
2	FILER NAME Mr Marc K Why	rte			3 Filer ID (Ethics Commission Filers)
4	Date 12/9/2024	5 Full name of contributor Taylor Dreiss	☐ out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 3 Imperial Oaks San Antonio, TX 78248	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Pecan Springs Deve	•
	Date 12/9/2024	Full name of contributor Tom Dreiss	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 23119 IH-10 W #801 San Antonio, TX 78257	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Developer				Employer (See instru Thomas E Dreiss &	•
	Date 12/9/2024	Full name of contributor Annette Dreiss	Out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 23119 IH-10 W #801 San Antonio, TX 78257	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Waring Properties	uctions)
	Date 12/10/2024	Full name of contributor Sandra Y Rosenberg	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 2134 Peckham Houston, TX 77019	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

		The Instruction Guide explains how to c	form.	1 Total pages Schedule A1: 25 of 55	
2	FILER NAME Mr Marc K Wh	yte			3 Filer ID (Ethics Commission Filers)
4	Date 12/10/2024	5 Full name of contributor Rusty Hoermann	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 150.00
		6 Contributor address; 110 Brittany San Antonio, TX 78212	City; S	State; Zip Code	
8	Principal occup Attorney	eation / Job title (See instructions)		9 Employer (See instru Zachry Group	uctions)
	Date 12/11/2024	Full name of contributor J. CALEB RACKLEY	out-of-state PA	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 535 Ullrich Rd Marion, TX 78124	City; S	State; Zip Code	
	Principal occup Attorney	eation / Job title (See instructions)		Employer (See instru Guerra LLP	uctions)
	Date 12/11/2024	Full name of contributor Jocelyn S Selig	out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 108 Barrera St San Antonio, TX 78210	City; S	State; Zip Code	
	Principal occup	nation / Job title (See instructions)		Employer (See instru	uctions)
	Date 12/11/2024	Full name of contributor Elisa Chan	out-of-state PA	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 513 Contadora San Antonio, TX 78258	City; S	State; Zip Code	
	Principal occup President	eation / Job title (See instructions)		Employer (See instru Unintech Consulting	•

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SCHEDULE A1

	٦	The Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 26 of 55
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/11/2024	5 Full name of contributor Min C Hew	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 513 Contadora San Antonio, TX 78258	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Unintech Consulting	•
	Date 12/12/2024	Full name of contributor Aubra Franklin	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 21260 Gathering Oak #101 San Antonio, TX 78260	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Franklin Developme	,
	Date 12/12/2024	Full name of contributor Richard Sheldon	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 4006 Green Oak Dr Waco, TX 78710	City;	State; Zip Code	
	Principal occupa Real Estate	ation / Job title (See instructions)		Employer (See instructions) Rick Sheldon Real Estate, LLC	
	Date 12/12/2024	Full name of contributor Lisa Sheldon	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 4006 Green Oak Dr Waco, TX 78710	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Rick Sheldon Real E	•

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SCHEDULE A1

	1	The Instruction Guide explains how to complete	e this form.	1 Total pages Schedule A1: 27 of 55
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 12/12/2024	5 Full name of contributor □ out-of-s William Sharfman	tate PAC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; 6502 Trotwood Ct Baltimore, MD 21209	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Johns Hopkins	uctions)
	Date 12/12/2024	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 2520 Caroline Street Houston, TX 77004	State; Zip Code	
· · · · · · · · · · · · · · · · · · ·			Employer (See instru Irelan McDaniel, PL	
	Date 12/13/2024	·		Amount of contribution (\$) 250.00
		Contributor address; City; 7744 Broadway san antonio, TX 78209	State; Zip Code	
	Principal occupa Developer	ation / Job title (See instructions)	Employer (See instru	uctions)
	Date 12/13/2024	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; 107 Grassmarket San Antonio, TX 78259	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)

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SCHEDULE A1

	T	he Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 28 of 55
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 12/13/2024	5 Full name of contributor ut-of-state F Yvette Robinson	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; City; 1861 Split Mtn Canyon Lake, TX 78133	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Robinson General C	•
	President		Robinson General C	Contractors
	Date 12/13/2024	Full name of contributor ☐ out-of-state F John Lujan IV	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; 11843 Braesview San Antonio, TX 78213	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)
	Software engine	eer	GAF	
	Date 12/13/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 100 NE Loop 410 #1385 San Antonio, TX 78216-4700	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instru	•
	Date	Full name of contributor ut-of-state F	AC (ID#	Amount of contribution (\$)
	12/13/2024	Caroline McDonald	,	500.00
		Contributor address; City; 100 NE Loop 410 #1385 San Antonio, TX 78216-4700	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instru	,

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SCHEDULE A1

	T	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 29 of 55
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/14/2024	5 Full name of contributor Krishna Reddy	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 13514 Able Creek Dr San Antonio, TX 78281	City;	State; Zip Code	
8	Principal occupa Attorney	ation / Job title (See instructions)		9 Employer (See instru Meritz/Reddy	actions)
	Date 12/14/2024	Full name of contributor Jeffrey Landers	☐ out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 3736 Twisted Oaks Drive San Antonio, TX 78217	City;	State; Zip Code	
	Principal occupa Banking	ation / Job title (See instructions)		Employer (See instru Third Coast Bank	ictions)
	Date 12/14/2024	Full name of contributor Mariana Kallivayalil	out-of-state PA	AC (ID#)	Amount of contribution (\$) 50.00
		Contributor address; 1412 River Oaks Road Jacksonville, FL 32207	City;	State; Zip Code	
	Principal occupa Self Employed	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 12/14/2024	Full name of contributor Fawzy Shemshack	out-of-state PA	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 10033 Rebecca PI Boerne, TX 78006	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Riverwalk Education	•

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 30 of 55
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/15/2024	5 Full name of contributor Colette Edwards	☐ out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 219 Treasure Way San Antonio, TX 78209	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 12/15/2024	Full name of contributor Sean Goertz	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2430 Fairfield Bend Dr San Antonio, TX 78231	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Chief Operations Officer Employer (See instructions) Texas Medical Legal Consultants, LLC					•
	Date 12/15/2024	Full name of contributor Kathryn Goertz	`		Amount of contribution (\$) 500.00
		Contributor address; 2430 Fairfield Bend Dr San Antonio, TX 78231	City;	State; Zip Code	
	Principal occupa Owner	tion / Job title (See instructions)		Employer (See instru Texas Medical Lega	•
	Date 12/16/2024	Full name of contributor Jack Hebdon	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 8102 Nufy Rdg San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Partner and CF	tion / Job title (See instructions)		Employer (See instru Bakke Development	

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SCHEDULE A1

	٦	The Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 31 of 55
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/16/2024	5 Full name of contributor [William Ford	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 10001 Reunion Place San Antonio, TX 78216	City;		
8	Principal occupa Attorney	ation / Job title (See instructions)		9 Employer (See instru Ford Murray, PLLC	ctions)
	Date 12/16/2024	Full name of contributor Kirk Nelson	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 174 Citadel Cir Jupiter, FL 33458	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions) ker		Employer (See instru CBRE	ctions)
	Date 12/16/2024	Full name of contributor Ana Nelson	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 174 Citadel Cir Jupiter, FL 33458	City;		
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	ctions)
	Date 12/16/2024	Full name of contributor Billy Vaughn	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1423 Greystone Rdg San Antonio, TX 78258	City; S	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Kahlig Auto Group	ctions)

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SCHEDULE A1

	-	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 32 of 55
2	FILER NAME Mr Marc K Why	rte			3 Filer ID (Ethics Commission Filers)
4	Date 12/16/2024	5 Full name of contributor Susie Vaughn	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1423 Greystone Rdg San Antonio, TX 78258	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions) stant		9 Employer (See instru	uctions)
	Date 12/17/2024	Full name of contributor Ronnie Villanueva	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 809 Wyoming St San Antonio, TX 78203	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Tru-Matrix Contract	•
	Date 12/17/2024	Full name of contributor Sean Nooner	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 4827 Quarry Run San Antonio, TX 78249-4499	•	State; Zip Code	
	Principal occupa Manager	ation / Job title (See instructions)		Employer (See instructions) Noonco Lic	
	Date 12/17/2024	Full name of contributor Brian Kozel	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 3609 Hilltop View Ct Pearland, TX 77584	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	

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SCHEDULE A1

	T	he Instruction Guide explains how to comp	olete this form.	1 Total pages Schedule A1: 33 of 55
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 12/17/2024	5 Full name of contributor □ out- Ty Sheehan	of-state PAC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; C 13602 Bluffcircle San Antonio, TX 78216	ity; State; Zip Code	
8	Principal occupa Attorney	tion / Job title (See instructions)	9 Employer (See ins Dunn Sheehan Li	•
	Date 12/17/2024	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 13602 Bluffcircle San Antonio, TX 78216	City; State; Zip Code	
	Principal occupa Homemaker	tion / Job title (See instructions)	Employer (See ins	structions)
	Date 12/17/2024	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; C 3114 Sandy Elm Rd La Vernia, TX 78121	ity; State; Zip Code	•
	Principal occupa Managing Partr	tion / Job title (See instructions) er	Employer (See ins	structions)
	Date 12/17/2024	Full name of contributor □ out- Ryan Wilson	of-state PAC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; C 93 Sendero Verde San Antonio, TX 78261	City; State; Zip Code	
	Principal occupa Real estate dev	tion / Job title (See instructions) eloper	Employer (See ins	•

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 34 of 55
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 12/17/2024	5 Full name of contributor	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 2126 E Lawndale Dr San Antonio, TX 78209	State; Zip Code	
8	-	tion / Job title (See instructions) relopment and Management	9 Employer (See instru Self Employed	uctions)
	Date 12/17/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 7525 Babcock San Antonio, TX 78249	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions)			uctions)	
	Date 12/18/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 1603 Nacogdoches Rd San Antonio, TX 78209	State; Zip Code	
	Principal occupa CEO	tion / Job title (See instructions)	Employer (See instru Star Shuttle, LLC	uctions)
	Date 12/18/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 1603 Nacogdoches Rd San Antonio, TX 78209	State; Zip Code	
	Principal occupa Collections	tion / Job title (See instructions)	Employer (See instru Star Shuttle, LLC	uctions)

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SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 35 of 55
2	FILER NAME Mr Marc K Wh	yte			3 Filer ID (Ethics Commission Filers)
4	Date 12/18/2024	5 Full name of contributor Jason Sanchez	out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		1939 NE Loop 410 San Antonio, TX 78217			
8	Principal occup Treasurer	pation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 12/18/2024	Full name of contributor Jacqueline Kemper	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 6217 E 77th PI Tulsa, OK 74136	City;	State; Zip Code	
	Principal occup Owner / CEO	pation / Job title (See instructions)		Employer (See instru Granite Ridge Cons	•
	Date 12/18/2024	Full name of contributor Charles Martens	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2330 N Loop 1604 West San Antonio, TX 78248	City;	State; Zip Code	
	Principal occup Real estate	pation / Job title (See instructions)	Employer (See instructions) Self employed		uctions)
	Date 12/18/2024	Full name of contributor Mercedes Ramos	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 2330 N Loop 1604 West San Antonio, TX 78248	City;	State; Zip Code	
	Principal occup Real estate	nation / Job title (See instructions)		Employer (See instru Self employed	uctions)

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SCHEDULE A1

	Т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 36 of 55	
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 12/18/2024	5 Full name of contributor ut-of-state P. Erika Guzman	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; 12002 Los Cerdos st San Antonio, TX 78233	State; Zip Code	
8	Principal occupa Paralegal	tion / Job title (See instructions)	9 Employer (See instru Whyte Pllc	actions)
	Date 12/18/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 12002 Los Cerdos st San Antonio, TX 78233	State; Zip Code	
	Principal occupa Asset Recovery	ntion / Job title (See instructions)	Employer (See instru NightCrawler Recov	•
	Date 12/18/2024	Full name of contributor ut-of-state P. Properties Ross	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; PO Box 28490 San Antonio, TX 78228	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru	actions)
	Date 12/19/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; 615 N Stallion Estates Dr Spring Branch, TX 78070	State; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru FG Partners	actions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 37 of 55			
2	FILER NAME Mr Marc K Why	e		3 Filer ID (Ethics Commission Filers)		
4	Date 12/19/2024	5 Full name of contributor ☐ out-of-state PA Rhonda Sallman	C (ID#)	7 Amount of contribution (\$) 500.00		
		6 Contributor address; City; S 615 N Stallion Estates Dr Spring Branch, TX 78070	tate; Zip Code			
8	Principal occupa Homemaker	tion / Job title (See instructions)	9 Employer (See instruc	ctions)		
	Date 12/19/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 615 N Stallion Estates Dr Spring Branch, TX 78070	tate; Zip Code			
	Principal occupa student	tion / Job title (See instructions)	Employer (See instruc	ctions)		
	Date 12/19/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 615 N Stallion Estates Dr Spring Branch, TX 78070	tate; Zip Code			
	Principal occupa	tion / Job title (See instructions)	Employer (See instruc	ctions)		
	Date 12/19/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 1401 Fairview St #A Houston, TX 77006	tate; Zip Code			
	Principal occupa	tion / Job title (See instructions)	Employer (See instruc Dalkia	ctions)		
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SCHEDULE A1

	т	he Instruction Guide explains how to	1 Total pages Schedule A1: 38 of 55		
2	FILER NAME Mr Marc K Whyt	e			3 Filer ID (Ethics Commission Filers)
4	Date 12/19/2024	5 Full name of contributor Yurida Quintanilla	out-of-state PA	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1401 Fairview St #A Houston, TX 77006	City;	State; Zip Code	
8	Principal occupa Contract Admin	tion / Job title (See instructions)		9 Employer (See instru New Fortress	uctions)
	Date 12/19/2024	Full name of contributor Elizabeth LaBarge	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 17734 Cantera Golf San Antonio, TX 78256	City; S	State; Zip Code	
			Employer (See instru Texas Medical Lega	,	
	Date 12/19/2024	Full name of contributor Matthew Pepping	out-of-state PA	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 108 Aylesbury Hill St San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Lawyer	tion / Job title (See instructions)		Employer (See instru Dykema	uctions)
	Date 12/19/2024	Full name of contributor Andrew Rodriguez	out-of-state PA	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 20011 Terra Canyon San Antonio, TX 78255	City;		
	Principal occupa Owner	tion / Job title (See instructions)		Employer (See instru MCA Land Develop	•

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SCHEDULE A1

	1	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 39 of 55
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/19/2024	5 Full name of contributor Erach Songadwala	☐ out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 5750 Epsilon San Antonio, TX 78249	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Y&L Consulting, Inc	•
	Date 12/19/2024	Full name of contributor Vahbeez Songadwala	☐ out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 5750 Epsilon San Antonio, TX 78249	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions) Homemaker				uctions)	
	Date 12/19/2024	Full name of contributor William Sutherland	☐ out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 116 Canterbury Hill St San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)	Employer (See instructions) Kennedy Sutherland LLP		•
	Date 12/19/2024	Full name of contributor Brandi Sutherland	out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 116 Canterbury Hill St San Antonio, TX 78209	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Interior Decorator		Employer (See instruc Self-employed		uctions)	

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SCHEDULE A1

	т	he Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 40 of 55
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/19/2024	5 Full name of contributor Silvestre Vasquez	out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 16006 Ponderosa Pass Helotes, TX 78023	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Quatro Strategic So	•
	Date 12/19/2024	Full name of contributor Lorraine Alaniz	Out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 105 Hibiscus Ln San Antonio, TX 78213	City;	State; Zip Code	
Principal occupation / Job title (See instructions) Employer (See in Psychologist Harlandale ISD			Employer (See instru Harlandale ISD	uctions)	
	Date Full name of contributor □ out-of-state PAC (ID#) 12/19/2024 Mitchell Bigley		AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; 5731 Spring Moon Street San Antonio, TX 78247	City;	State; Zip Code	
	Principal occupa Broker	ation / Job title (See instructions)		Employer (See instru	ictions)
	Date 12/19/2024	Full name of contributor Lindsay Bagby	Out-of-state P/	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1140 Sagittarius Pt Colorado Springs, CO 8090	- 3,	State; Zip Code	
Principal occupation / Job title (See instructions) Admin			Employer (See instru Bagby Law	uctions)	

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SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 41 of 55		
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)		
4	Date 12/19/2024	5 Full name of contributor ut-of-state PA	C (ID#)	7 Amount of contribution (\$) 500.00		
		6 Contributor address; City; S 401 W. 15th Street Austin, TX 78701	tate; Zip Code			
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru- Crestline Group	ctions)		
	Date 12/19/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 401 W. 15th Street Austin, TX 78701	tate; Zip Code			
	Principal occupa	ation / Job title (See instructions)	Employer (See instru- Crestline Group	ctions)		
	Date 12/19/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 344 Harmon Dr San Antonio, TX 78209				
	Principal occupa	ation / Job title (See instructions)	Employer (See instructions) Copperhead construction servicess			
	Date 12/19/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 247 Stanford Dr San Antonio, TX 78212				
	Principal occupa	ation / Job title (See instructions)	Employer (See instru- Killen, Griffin & Farr	•		

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SCHEDULE A1

	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: 42 of 55
2	FILER NAME Mr Marc K Why	te			3	Filer ID (Ethics Commission Filers)
4	Date 12/19/2024	5 Full name of contributor Jesse Hamby	out-of-state P	AC (ID#)	7	Amount of contribution (\$) 200.00
		6 Contributor address; 13714 Oak Pebble San Antonio, TX 78232	City;	State; Zip Code		
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Coventry Homes	uctio	ons)
	Date 12/20/2024	Full name of contributor Jorge Herrera	out-of-state P/	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 1800 West Commerce St. San Antonio, TX 78207	City;	State; Zip Code		
, , , , , , , , , , , , , , , , , , , ,		Employer (See instru		ons)		
	Date 12/20/2024	Full name of contributor Nathan Cace	out-of-state P/	AC (ID#)		Amount of contribution (\$) 100.00
		Contributor address; 126 Canyon Creek San Antonio, TX 78232	City;			
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Law Office of Natha		·
	Date 12/20/2024	Full name of contributor Neill Reagan	out-of-state P	AC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 342 Dry Bear Crk New Braunfels, TX 78132	City;			
	Principal occupa Self employed	ation / Job title (See instructions)		Employer (See instru ONeills Inflight Cate		•

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SCHEDULE A1

		The Instruction Guide explains how to complete this t	1 Total pages Schedule A1: 43 of 55			
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)		
4	Date 12/20/2024	5 Full name of contributor ut-of-state PA Lisa Reagan	C (ID#)	7 Amount of contribution (\$) 500.00		
		6 Contributor address; City; S 342 Dry Bear Crk New Braunfels, TX 78132	tate; Zip Code			
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	ctions)		
	Date 12/21/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 6 Galloway Gates Ct Tomball, TX 77377	tate; Zip Code			
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Self employed	ctions)		
	Date 12/21/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 6 Galloway Gates Ct Tomball, TX 77377	tate; Zip Code			
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)		
	Date 12/21/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00		
		Contributor address; City; S 11703 Huebner Rd San Antonio, TX 78230	tate; Zip Code			
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Self employed	ctions)		
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SCHEDULE A1

	-	The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 44 of 55
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 12/23/2024	5 Full name of contributor ut-of-state PAG David Fox	C (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; City; Si 9230 Marymont Park San Antonio, TX 78217	tate; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Northeast Orthoped	•
	Date 12/23/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; Si 4242 Broadway Street San antonio, TX 78209	tate; Zip Code	
Principal occupation / Job title (See instructions) Senior VP Employer (See instructions) Broadway Bank			ctions)	
	Date 12/23/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; Si 7415 Quail Run Dr San Antonio, TX 78209	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Patti Larsen Consult	•
	Date 12/23/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; Si 215 E Wildwood Dr San Antonio, TX 78212	tate; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Farbod Malek MD	ctions)

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SCHEDULE A1

	The Instruction Guide explains how to complete this t	orm.	1 Total pages Schedule A1: 45 of 55
2 FILER NAME Mr Marc K V			3 Filer ID (Ethics Commission Filers)
4 Date 12/23/2024	5 Full name of contributor ☐ out-of-state PA Clayton Smaistrla	C (ID#)	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; S 508 Garraty Road San Antonio, TX 78209	tate; Zip Code	
8 Principal occ Attorney	upation / Job title (See instructions)	9 Employer (See instru Clayton Smaistrla	ctions)
Date 12/23/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; S PO Box 593277 San Antonio, TX 78259-0213	tate; Zip Code	
Principal occupation / Job title (See instructions) Employer (See instructions)			
Date 12/23/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; S 9311 San Pedro Ave #600 San Antonio, TX 78216	tate; Zip Code	
Principal occ Chairman	upation / Job title (See instructions)	Employer (See instru SWBC	ctions)
Date 12/23/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
	Contributor address; City; S 7334 Blanco Rd #300 San Antonio, TX 78216	tate; Zip Code	
Principal occ Owner	upation / Job title (See instructions)	Employer (See instru	ctions)

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SCHEDULE A1

	т	he Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 46 of 55
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/24/2024	5 Full name of contributor Carlos Clavijo	☐ out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 7334 Blanco Rd #300 San Antonio, TX 78216	City;	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)		9 Employer (See instru Foresight Asset Ma	•
	Date 12/24/2024	Full name of contributor Cory Stehr	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 3940 N Panam Expy San Antonio, TX 78219	City;	State; Zip Code	
· · · · · · · · · · · · · · · · · · · ·			Employer (See instru Auge Company Inc	uctions)	
	Date 12/25/2024	Full name of contributor Lauren Valkenaar	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 403 Pike Road San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)		Employer (See instru Self	uctions)
	Date 12/26/2024	Full name of contributor Blanca Valdez	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1305 S Brazos St San Antonio, TX 78207	City;	State; Zip Code	
		tion / Job title (See instructions)		Employer (See instru	uctions)
	Executive assis	tant		Auge cold storage	

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SCHEDULE A1

		The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 47 of 55
2	FILER NAME Mr Marc K Why	yte			3 Filer ID (Ethics Commission Filers)
4	Date 12/27/2024	5 Full name of contributor John Bellinger	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 19431 SETTLERS CRK SAN ANTONIO, TX 78258	City;	State; Zip Code	
8	Principal occup	eation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 12/27/2024	Full name of contributor Gina Bellinger	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 19431 SETTLERS CRK SAN ANTONIO, TX 78258	City;	State; Zip Code	
		Employer (See instru Food Safety Net Sei	•		
	Date 12/27/2024	Full name of contributor Wade Hayden	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 7750 BROADWAY ST San Antonio, TX 78209	City;	State; Zip Code	
	Principal occup Problem Solve	pation / Job title (See instructions)		Employer (See instru Self	uctions)
	Date 12/27/2024	Full name of contributor Jan Scott	out-of-state Pa	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1148 Herkimer St Houston, TX 77008	City;	State; Zip Code	
	Principal occup	pation / Job title (See instructions)		Employer (See instru	uctions)

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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 48 of 55
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 12/29/2024	5 Full name of contributor	.C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 498 Island Way Franklin lakes, NJ 07417	State; Zip Code	
8	Principal occupa	tion / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 12/29/2024	Full name of contributor	.C (ID#)	Amount of contribution (\$) 400.00
		Contributor address; City; S 3622 Willow Walk San Antonio, TX 78259	State; Zip Code	
Principal occupation / Job title (See instructions) Employer retired retired			Employer (See instru	ctions)
	Date 12/30/2024	Cece Given	C (ID#)	Amount of contribution (\$) 250.00
		san antonio, TX 78230		
	retired	tion / Job title (See instructions)	Employer (See instru	ctions)
	Date 12/30/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 2511 north st Mary's San antonio, TX 78212			
	Principal occupation / Job title (See instructions) Legal		Employer (See instru Self	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	٦	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 49 of 55
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 12/30/2024	5 Full name of contributor ☐ out-of-state PA MARCO A BARROS	C (ID#)	7 Amount of contribution (\$) 150.00
		6 Contributor address; City; S 14018 Sage Blf San Antonio, TX 78216		
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru MARCO BARROS M	•
	Date 12/30/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 14000 San Antonio, TX 78214	tate; Zip Code	
Principal occupation / Job title (See instructions) Employer Professional MPII, Inc		Employer (See instru	ctions)	
	Date 12/30/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S PO Box 14000 San Antonio, TX 78214	tate; Zip Code	
	Principal occupa Professional	ation / Job title (See instructions)	Employer (See instru	ctions)
	Date 12/30/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 100 Alameda Cir San Antonio, TX 78212	itate; Zip Code	
Principal occupation / Job title (See instructions) retired		Employer (See instru retired	ctions)	

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SCHEDULE A1

	т	he Instruction Guide explains how t	form.	1 Total pages Schedule A1: 50 of 55	
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/30/2024	5 Full name of contributor Kathleen Tomasovic	out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 100 Alameda Cir San Antonio, TX 78212	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 12/30/2024	Full name of contributor Jose Trevino	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 20903 Cactus Rdg San Antonio, TX 78258	City;	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Valdez Trevino	ictions)
	Date 12/30/2024	Full name of contributor Joseph Cuellar	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 20903 Cactus Rdg San Antonio, TX 78258	City;	State; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru Valdez Trevino	ictions)
	Date 12/30/2024	Full name of contributor BLAIR YOUNG	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 450 Devine Rd San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa OWNER	ation / Job title (See instructions)		Employer (See instru Blair Young Constru	· · · · · · · · · · · · · · · · · · ·

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SCHEDULE A1

	т	he Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 51 of 55
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/30/2024	5 Full name of contributor Thad Rutherford	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 1115 West 7th Street austin, TX 78703	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Southstar	uctions)
	Date 12/30/2024	Full name of contributor Melissa Rutherford	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 1115 West 7th Street austin, TX 78703	City;	State; Zip Code	
	Principal occupa Homemaker	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 12/30/2024	Full name of contributor Danny Mills	out-of-state P	AC (ID#)	Amount of contribution (\$) 250.00
		Contributor address; 10226 San Pedro Ave San Antonio, TX 78216	City;	State; Zip Code	
	Principal occupa investments	ation / Job title (See instructions)		Employer (See instru	uctions)
	Date 12/30/2024	Full name of contributor Jose J Rodriguez	out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 12500 San Pedro Ave San Antonio, TX 78216	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Yellowstone Real E	

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

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SCHEDULE A1

	7	The Instruction Guide explains how to complete this	1 Total pages Schedule A1: 52 of 55		
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)	
4	Date 12/30/2024	5 Full name of contributor ut-of-state P/	AC (ID#)	7 Amount of contribution (\$) 500.00	
		6 Contributor address; City; S 12500 San Pedro Ave San Antonio, TX 78216	State; Zip Code		
8	Principal occupa	ation / Job title (See instructions) struction	9 Employer (See instru Yellowstone Real E	·	
	Date 12/30/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 522 Charles Rd Terrell Hills, TX 78209	State; Zip Code		
	Principal occupa Owner	ation / Job title (See instructions)	Employer (See instru Learning Express S	•	
	Date 12/30/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00	
		San Antonio, TX 78209			
	Vice President	ation / Job title (See instructions)	Employer (See instru National Land Partn	•	
	Date 12/30/2024	Full name of contributor	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; S 217 Tuttle San Antonio, TX 78209	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)	
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SCHEDULE A1

	т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 53 of 55
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 12/30/2024	Craig Saucier	AC (ID#)	7 Amount of contribution (\$) 500.00
8	Principal occupa Attorney	ation / Job title (See instructions)	9 Employer (See instru Craig Saicier PC	ictions)
	Date 12/30/2024	Full name of contributor out-of-state PAKristin Saucier Contributor address; City; San Antonio, TX 78213-1831	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ictions)
	Date 12/30/2024	Fred Zeidman	AC (ID#)	Amount of contribution (\$) 250.00
	Principal occupa	ation / Job title (See instructions)	Employer (See instructions) Self Employed	
	Date 12/31/2024	Full name of contributor out-of-state PA Harold Zuflacht Contributor address; City; S 12000 Huebner Rd #200 San Antonio, TX 78230	AC (ID#)	Amount of contribution (\$) 500.00
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instru Higdon, Hardy & Zu	•

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SCHEDULE A1

	-	The Instruction Guide explains how to complete this	1 Total pages Schedule A1: 54 of 55	
2	FILER NAME Mr Marc K Why	rte		3 Filer ID (Ethics Commission Filers)
4	Date 12/31/2024	5 Full name of contributor	NC (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S PO Box 91047 San Antonio, TX 78209	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	uctions)
	Date 12/31/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 4106 Portsmouth St Houston, TX 77027	State; Zip Code	
		Employer (See instru Olympic Maritime M	*	
	Date 12/31/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; S 7801 Broadway San Antonio, TX 78209	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instru Law Office of Seth F	*
	Date 12/31/2024	Full name of contributor	C (ID#)	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 14122 Churchill Estates San Antonio, TX 78248-1135			
	Principal occupa Gov Affairs	ation / Job title (See instructions)	Employer (See instru VIA	ictions)

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

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SCHEDULE A1

	٦	The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 55 of 55	
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)	
4	Date 12/31/2024	5 Full name of contributor ut-of-state F Adam Blanchard	AC (ID#)	7 Amount of contribution (\$) 500.00	
		6 Contributor address; City; 2019 Chaffin Way San antonio, TX 78260	State; Zip Code		
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru Double Diamond Tr	*	
	Date 12/31/2024	Full name of contributor ut-of-state F	AC (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; 247 Stanford Drive San Antonio, TX 78212	State; Zip Code		
	Principal occupa Development	ation / Job title (See instructions)	Employer (See instru	uctions)	
	Date	Full name of contributor	AC (ID#)	Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)	
	Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	uctions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements				

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this form.	1 Total pages 1 of 1	Schedule A2:			
2	FILER NAME Mr Marc K Whyte	3 Filer ID (Ethi	cs Commission Filers)			
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$ 0				
5	Date 6 Full name of contributor out-of-state PAC (ID#	8 Amount of Con 9 In-kind contribu	tion description			
10	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON-JUDICIA	outside of Texas, complete Schedule T AL) (See instructions)			
12	Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JU	DICIAL) (See instructions)			
14	Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spous	e (if any) (FOR JUDICIAL)			
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	Date Full name of contributor out-of-state PAC (ID#	Amount of Con. In-kind contribu	tion description			
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIA	outside of Texas, complete Schedule T AL) (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 CODIES OF THIS SCHEDULE AS MEEDED					

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PLEDGED CONTRIBUTIONS

SCHEDULE B

	1	The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1		
2	FILER NAME Mr Marc K V			3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF U	JNITEMIZED PLEDGES		\$ 0		
5	Date	6 Full name of pledgor out-of-state PAC (ID#) 	8 Amount of Pledge \$ 9 In-kind contribution description		
10	Principal occu	pation / Job title (See instructions)	11 Employer (Check if travel outside of Texas, complete Schedule T		
	Date	Full name of pledgor out-of-state PAC (ID#) ode	Amount of Pledge \$		
	Principal occu	upation / Job title (See instructions)	Employer (Check if travel outside of Texas, complete Schedule T See instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$		
	Principal occu	pation / Job title (See instructions)	Employer (Check if travel outside of Texas, complete Schedule T See instructions)		
	Date	Full name of pledgor out-of-state PAC (ID#)	Amount of Pledge \$		
	Principal occu	upation / Job title (See instructions)	Employer (Check if travel outside of Texas, complete Schedule T 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					

Forms provided by Texas Ethics Commission

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 1 of 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr Marc K Whyte 4 TOTAL OF UNITEMIZED LOANS \$ o 5 Date of loan 7 Name of lender out-of-state PAC (ID#_ 9 Loan Amount (\$) 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest rate financial institution? 11 Maturity date 12 Principal occupation / Job title (See instructions) 13 Employer (See instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** 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 Lender address; State; Zip Code Interest rate financial institution? Maturity date Principal occupation / Job title (See instructions) Employer (See instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor **INFORMATION** City; State: Guarantor address: 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Accounting/Banking Event Expense Solicitation/Fundraising Expense Advertising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 of 7 Mr Marc K Whyte 4 Date 5 Payee name 7/12/2024 Gina Castaneda 6 Amount (\$) 7 Payee address; City; Zip Code State; 1000.00 PO Box 691242 San Antonio, TX 78269 8 (a) Category (See categories listed at the top of this schedule) (b) Description **Consulting Expense** Campaign Consulting **PURPOSE** OF **EXPENDITURE** (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 7/22/2024 Erika Guzman Payee address; Amount (\$) City; State; Zip Code 600.00 12002 Los Cerdos St San Antonio, TX 78233 Category (See categories listed at the top of this schedule) Description Campaign Finance Report Salaries/Wages/Contract Labor **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 7/30/2024 **NORMA DENHAM & ASSOCIATES**

expenditure to benefit C/OH

City;

Check if travel outside of Texas, complete schedule T

Category (See categories listed at the top of this schedule)

Candidate / Officeholder name

State:

Payee address;

15706 Knoll Cliff San Antonio, TX 78247

Consulting Expense

Amount (\$)

PURPOSE OF EXPENDITURE

Complete ONLY if direct

1000.00

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Zip Code

Description

Office sought

Campaign Fundraising

Check if Austin, TX, officeholder living expense

Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Of Food/Beverage Expense Pc Gifts/Awards/Memorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 2 of 7	2 FILER NAME Mr Marc K Whyte	·	3 Filer ID (Ethics Commission Filers)	
4 Date 8/2/2024	5 Payee name GODADDY.COM			
6 Amount (\$) 270.63	7 Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedu Advertising Expense	(b) Description Media		
	(c) Check if travel outside of Texas, complete sche	edule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 8/9/2024	Payee name Jeffs Journeys, LLC			
Amount (\$) 3250.00	Payee address; City; State; 14 Stonewall Bend San Antonio, TX 78256	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu Advertising Expense	Description Media		
	Check if travel outside of Texas, complete sche	edule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 8/13/2024	Payee name Election Support Services			
Amount (\$) 496.70	Payee address; City; State; 2611 Rompel Pass San Antonio, TX 78232	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu Advertising Expense	Description Media		
	Check if travel outside of Texas, complete sche	edule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
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EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Lo Fees O' Food/Beverage Expense Po Gifts/Awards/Memorials Expense Pr	pan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 3 of 7	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)	
4 Date 8/23/2024	5 Payee name Raconteur Media Company			
6 Amount (\$) 9009.65	7 Payee address; City; State; PO Box 26511 Austin, TX 78755	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this scheduled Advertising Expense	(b) Description Media		
	(c) Check if travel outside of Texas, complete scho	edule T Check if A	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 8/26/2024	Payee name GODADDY.COM			
Amount (\$) 70.32	Payee address; City; State; 2155 E. GoDaddy Way Tempe, AZ 85284	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Advertising Expense	Description Media		
	Check if travel outside of Texas, complete scho	edule T Check if A	Austin, TX, officeholder living expense	
	Complete ONLY if direct			
Date 9/5/2024	Payee name Raconteur Media Company			
Amount (\$) 2005.25	Payee address; City; State; PO Box 26511 Austin, TX 78755	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Advertising Expense	Description Media		
	Check if travel outside of Texas, complete scho	edule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)			
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor V to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)		
4 Date 9/23/2024	5 Payee name Magnolia Pancake House				
6 Amount (\$) 399.69	7 Payee address; City; State; Zip Code 2070 N Loop 1604 E San Antonio, TX 78232				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense (b) Description Finance committee meeting				
9 Complete ONLY if direct expenditure to benefit C/C		Schedule T Check if A	Austin, TX, officeholder living expense Office held		
Date 9/27/2024	Payee name Vistaprint				
Amount (\$) 189.43	Payee address; City; State; 275 Wyman Street Waltham, MA 02451	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci Advertising Expense	Description Print media			
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 10/7/2024	Payee name NORMA DENHAM & ASSOCIATES				
Amount (\$) 1500.00	Payee address; City; State; 15706 Knoll Cliff San Antonio, TX 78247	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci Consulting Expense	Description Campaign Fundr	aising		
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Off Food/Beverage Expense Pol Gifts/Awards/Memorials Expense Prii	an Repayment/Reimbursement ice Overhead/Rental Expense lling Expense aries/Wages/Contract Labor complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 5 of 7	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/2024	5 Payee name Raconteur Media Company			
6 Amount (\$) 1952.50	7 Payee address; City; State; Zip Code PO Box 26511 Austin, TX 78755			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Advertising Expense	e) (b) Description Media		
	(c) Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 10/16/2024	Payee name Monarch Trophy Studio			
Amount (\$) 1495.00	Payee address; City; State; 2 PO Box 839976 San Antonio, TX 78283	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Advertising Expense	e) Description Fiesta Medals		
	Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 11/6/2024	Payee name GOFISH ADVERTISING			
Amount (\$) 216.50	Payee address; City; State; 2 19315 FM 2252 #312 Garden Ridge, TX 78266	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Advertising Expense	Description Media		
	Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED	

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)		
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor w to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 6 of 7	2 FILER NAME Mr Marc K Whyte	·	3 Filer ID (Ethics Commission Filers)	
4 Date 11/13/2024	5 Payee name Raconteur Media Company			
6 Amount (\$) 2170.11	7 Payee address; City; State; Zip Code PO Box 26511 Austin, TX 78755			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Advertising Expense	(b) Description Media		
9 Complete ONLY if direct expenditure to benefit C/C		Schedule T Check if A	Austin, TX, officeholder living expense Office held	
Date 11/14/2024	Payee name NORMA DENHAM & ASSOCIATES			
Amount (\$) 1500.00	Payee address; City; State 15706 Knoll Cliff San Antonio, TX 78247	; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Consulting Expense	Description Campaign Fundr	aising	
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 11/20/2024	Payee name Jeffs Journeys, LLC			
Amount (\$) 3414.75	Payee address; City; State 14 Stonewall Bend San Antonio, TX 78256	; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Advertising Expense	Description Media		
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED!	ED.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	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)	
1 Total pages Schedule F1:	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)	
4 Date 12/17/2024	5 Payee name Raconteur Media Company			
6 Amount (\$) 2224.95	7 Payee address; City; State; Zip Code PO Box 26511 Austin, TX 78755			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this so Advertising Expense	Media		
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Austin, TX, officeholder living expense Office held	
Date 12/31/2024	Payee name Anedot			
Amount (\$) 2674.17	Payee address; City; State 1340 Poydras Street New Orleans, LA 70112	; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so Fees		tform processing fees 7/01/23-9/30/23	
2/11/2/11/2/12	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State	; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	chedule) Description		
	Check if travel outside of Texas, complete	schedule T Check if	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Advertising Expense

Event Expense Fees Food/Be

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co	Gifts/Awards/Memorials Expense Printing Expensemmittee Legal Services Salaries/Wage	se	Travel In District Travel Out Of District Other (enter a category not listed above)	
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form				
1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mr Marc K Whyte 3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZE	ED UNPAID INCURRED OBLIGATIONS		\$ 0	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas, complete schedule T	Check if	f Austin, TX, officeholder living expense	
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, complete schedule T	Check if	f Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.			nstruction Guide explains how to complete this form.	1	Total pages Schedule F3:
2	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;		
		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

Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political	Gifts/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Candidate/Onicenoide/// Onicen	The Instruction Guide explains how to complete this form	Other (effect a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 of 1	Mr Marc K Whyte	C The 12 (Euros Commission There)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description	no
EXPENDITURE	(C) Check if travel outside of Texas, complete schedule T Check	ck if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit Complete Complet		Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF	Category (See categories listed at the top of this schedule) Description	on
EXPENDITURE	Check if travel outside of Texas, complete schedule T Chec	ck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Complete.	ct Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	FEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Accounting/Banking Advertising Expense Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement

Office Overhead/Rental Expense Fees Food/Beverage Expense Polling Expense

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

Contributions/Donations Made By Candidate/Officeholder/Political C	Committee	Gifts/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide explains ho	w to complete this form	
1 Total pages Schedule G: 1 of 1	2 FILER NAM			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name			
6 Amount (\$)	7 Payee addre	ess; City; State	e; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF	(a) Category (See categories listed at the top of this so	(b) Description	
EXPENDITURE	(c) Check	if travel outside of Texas, complete	e schedule T Check	if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name	Office sought	Office held
Date	Payee name			
Amount (\$)	Payee addre	ess; City; State	e; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this so	chedule) Description	
EXPENDITURE				
	Check	if travel outside of Texas, complete		if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name	Office sought	Office held
Date	Payee name	ļ		
Amount (\$)	Payee addre	ess; City; State	e; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this so	chedule) Description	
EXPENDITURE	Check	if travel outside of Texas, complete	schedule T Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name	Office sought	Office held
	ATTACH	ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donation Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense 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

Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Gifts/Awards/Memorials Expense Printing Expense Travel Out Of District ommittee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form
1 Total pages Schedule H: 1 of 1	2 FILER NAME Mr Marc K Whyte 3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name
6 Amount (\$)	7 Business address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description
9 Complete ONLY if direct expenditure to benefit C/C	(c) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held OH
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
Date	Business name
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description
	Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held DH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I: 1 of 1	2 FILER NAME Mr Marc K Whyte	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	ription (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ription (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ription (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	ription (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	1 Total pages Schedule K:				
2 FILER NAME Mr Marc K Why	e	1 of 1 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 C	heck 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 C	heck 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 C	heck 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 C	heck 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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule 1 of 1	1 Total pages Schedule T: 1 of 1	
2 FILER NAME Mr Marc K Whyte				3 Filer ID (Ethics Comn	3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expendi	ture reported on					
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
6 Dates of travel	7 Name of person(s) traveling					
	8 Departure city or name of departure location					
	9 Destination city or name of destination location					
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor /	Corporation or L	abor Organization / Pledgor /	/ Payee			
Contribution / Expendi	ture reported on					
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination of	ity or name of destination loc	cation			
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expendi	ture reported on					
Schedule A2	Schedule	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule	F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
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)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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 NA	AME c K Whyte	Filer ID (Ethics Commission Filers)				
SIGNA	TURE					
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					
Chec	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.					
В.	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 of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
	_	Signature of Officeholder				