## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete		iler ID (Ethics Commission Fi	lers) 2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIR. Mr Ma		мі <b>К</b>	OFFICE US	SE ONLY
NAME	NICKNAME LAS		SUFFIX	Date Received 1/16/2024 4:26:4	16PM
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. Mr Edd		MI	Receipt #	Amount \$
NAME	NICKNAME LAS		SUFFIX	Date Processed 1/16/2024 4:26:4  Date Imaged	6PM
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BO 335 Countrywood Dr. San Antonio TX 78216  AREA CODE PHONE NU ( 210 ) 492-83	MBER	ITE#; CITY;	STATE; ZIP CODE	
9 REPORT TYPE	January 15: Semi-Anr	nual			
10 PERIOD COVERED	Month Da 7/1/20		Month	n Day Year <b>12/31/2023</b>	
11 ELECTION	ELECTION DATE  Month Day Year  5/6/2023	Primary [	ELECTION T  Runoff Other  Descrip  Special		
12 OFFICE	OFFICE HELD (if any)  Council District 10		13 OFFICE SOU  Council Di		
GO TO PAGE 2					

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer ID (Ethics Commission File	rs)
Mr Marc K Whyte					
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	IIGN TREASURER NAME		
		COMMITTEE CAMPA	IIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. PLEDGES, LO	EMIZED POLITICAL CONT DANS, OR GUARANTEES ONS MADE ELECTRONIC		\$ 0	
		TICAL CONTRIBUTIONS N PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$ 11400.00	
EXPENDITURE TOTALS	3. TOTAL UNITE	MIZED POLITICAL EXPENDITURES.		<b>\$</b> 0	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 14101.11	
CONTRIBUTION BALANCE	5. TOTAL POLIT		MAINTAINED AS OF THE LAST DAY	\$ 28070.18	
OUTSTANDING LOAN TOTALS	٥.	CIPAL AMOUNT OF ALL C	OUTSTANDING LOANS AS OF THE	\$ 50000.00	
18 AFFIDAVIT					
				of perjury, that the accompanying repo Ill information required to be reported	
			* * * Electronically		_
AFFIX NOTARY STAM	P / SEAL ABOVE		Signature of Candidat	ate or Officeholder	
Sworn to and subscribe of <b>January</b> ,				this the <b>16th</b> day	
	of <u>January</u> , 20 <b>24</b> , to certify which, witness my hand and seal of office.				
Signature of officer adm	ninistering oath	Printed name of	officer administering oath	Title of officer administering oath	1

## **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 NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11400.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	IONS \$0
3.	X SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	X SCHEDULE E: LOANS	\$ 0
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS \$14101.11
6.	X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	X SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITI	CAL CONTRIBUTIONS \$0
8.	X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	FUNDS \$0
10.	X SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH \$0
11.	X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	ICAL CONTRIBUTIONS \$0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRACTOR RETURNED TO FILER	RIBUTIONS \$0

### SCHEDULE A1

		The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 9
2	FILER NAME Mr Marc K Why	rte		3 Filer ID (Ethics Commission Filers)
4	Date 7/11/2023	5 Full name of contributor  ut-of-state PA Killen Griffin & Farrimond Political Commi	,	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; S 10101 Reunion Place #250 San Antonio, TX 78216	State; Zip Code	
8	Principal occup	ation / Job title (See instructions)	9 Employer (See instruc	ctions)
	Date 7/25/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 318 Waxberry Trl San Antonio, TX 78256	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instruction King Fish Development	•
	Date 7/25/2023	Full name of contributor	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; S 18523 Wild Onion San Antonio, TX 78258	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)	Employer (See instruc San Antonio Builder	*
	Date 7/25/2023	EPA Experts Inc	AC (ID#)	Amount of contribution (\$) 100.00
		19179 Blanco Rd #105- San Antonio, TX 78258		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

	T	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 2 of 9
2	FILER NAME Mr Marc K Why	re		3 Filer ID (Ethics Commission Filers)
4	Date <b>7/25/2023</b>	5 Full name of contributor  ut-of-state PAG SABPAC I Political Contributions	C (ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; Si 3625 Paesanos Pkwy San Antonio, TX 78231	tate; Zip Code	
8	Principal occupa Real Estate	tion / Job title (See instructions)	9 Employer (See instru	ctions)
	Date 7/25/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 100.00
		Contributor address; City; Si 2211 Fairview St. Houston, TX 77019	tate; Zip Code	
	Principal occupa VP Business De	tion / Job title (See instructions) evelopment	Employer (See instruction origin Bank	ctions)
	Date 7/27/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 250.00
		Contributor address; City; Si 8918 Tesoro #401 San Antonio, TX 78217	tate; Zip Code	
	Principal occupa Engineer	tion / Job title (See instructions)	Employer (See instruction Ardurra	ctions)
	Date 9/12/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00
		Contributor address; City; Si 112 East Pecan Street #1616 San Antonio, TX 78205	tate; Zip Code	
	Principal occupa Attorney	tion / Job title (See instructions)	Employer (See instruction & Drought, P.	•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

	1	The Instruction Guide explains how to complete this f	1 Total pages Schedule A1: 3 of 9		
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)	
4	Date 10/23/2023	5 Full name of contributor	C (ID#)	7 Amount of contribution (\$) 500.00	
		6 Contributor address; City; Si 9800 Fredricksburg San Antonio, TX 78288	tate; Zip Code		
8	Principal occupa	ation / Job title (See instructions)	9 Employer (See instru	actions)	
	Date 11/14/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) <b>500.00</b>	
		Contributor address; City; Si  1135 Allen View Drive  New Braunfels, TX 78132	tate; Zip Code		
	Principal occupa	ation / Job title (See instructions)	Employer (See instru	ictions)	
	Date 11/14/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; Si 218 Yosemite Dr. San Antonio, TX 78232	tate; Zip Code		
	Principal occupa	ation / Job title (See instructions) yer	Employer (See instructions)  Moat Management LLC		
	Date 11/15/2023	Full name of contributor	C (ID#)	Amount of contribution (\$) 500.00	
		Contributor address; City; Si 66 Turnberry Way San Antonio, TX 78230	tate; Zip Code		
	Principal occupa	ation / Job title (See instructions) al Estate	Employer (See instru Endura Advisory Gr		

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

### SCHEDULE A1

	7	The Instruction Guide explains how t	form.	1 Total pages Schedule A1: 4 of 9	
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 11/21/2023	5 Full name of contributor Robert Bishop	out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 15310 Fall Place Dr San Antonio, TX 78247	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru	uctions)
	Date 11/27/2023	Full name of contributor MELINDA 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 occupation / Job title (See instructions) retail sales			Employer (See instru Julian Gold	uctions)	
	Date 11/27/2023	Full name of contributor BLAIR YOUNG	Out-of-state PAC (ID#)		Amount of contribution (\$) 500.00
		Contributor address; 450 Devine Rd San Antonio, TX 78212	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instructions) Blair Young Construction, Inc.	
	Date 11/29/2023	Full name of contributor  Daniel Lasater	out-of-state P/	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 26002 Hootananny San Antonio, TX 78260	City;	State; Zip Code	
Principal occupation / Job title (See instructions)  Manager		Employer (See instruction PNC Bank		uctions)	

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#### SCHEDULE A1

	Т	he Instruction Guide explains how to complete this forn	1.	1 Total pages Schedule A1: 5 of 9
2	FILER NAME Mr Marc K Why	te		3 Filer ID (Ethics Commission Filers)
4	Date 12/4/2023	5 Full name of contributor	D#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; City; State 700 East Hildebrand #1401 San Antonio, TX 78212	e; Zip Code	
8	Principal occupa Real Estate	tion / Job title (See instructions)	Employer (See instru <b>Self</b>	uctions)
	Date 12/4/2023	Full name of contributor	D#)	Amount of contribution (\$) 500.00
		Contributor address; City; State 700 East Hildebrand #1401 San Antonio, TX 78212	e; Zip Code	
	Principal occupa Homemaker	tion / Job title (See instructions)	Employer (See instru Homemaker	ictions)
	Date 12/6/2023	Full name of contributor	D#)	Amount of contribution (\$) <b>250.00</b>
		Contributor address; City; State 219 Treasure Way San Antonio, TX 78209	e; Zip Code	
	Principal occupa	tion / Job title (See instructions)	Employer (See instru <b>Monarch</b>	ictions)
	Date 12/9/2023	Full name of contributor	D#)	Amount of contribution (\$) 100.00
		Contributor address; City; State 7415 Quail Run Dr San Antonio, TX 78209	e; Zip Code	
	Principal occupa  Owner	tion / Job title (See instructions)	Employer (See instru Patti Larsen Consul	The state of the s

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

### SCHEDULE A1

	т	he Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 6 of 9
2	FILER NAME Mr Marc K Whyt	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/9/2023	5 Full name of contributor  Dennis Stuckey	out-of-state P/	AC (ID#)	7 Amount of contribution (\$) 100.00
		6 Contributor address; 107 Grassmarket San Antonio, TX 78259	City;	State; Zip Code	
8	Principal occupa  Colonel	tion / Job title (See instructions)		9 Employer (See instru Retired military	uctions)
	Date 12/11/2023	Full name of contributor Greg 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 occupation / Job title (See instructions) Employer (See President RK Group			Employer (See instru RK Group	uctions)	
	Date 12/11/2023	Full name of contributor		AC (ID#)	Amount of contribution (\$) <b>500.00</b>
		Contributor address; PO Box 1361 San Antonio, TX 78295	City;	State; Zip Code	
	Principal occupa  Catering	tion / Job title (See instructions)		Employer (See instru RK Group	uctions)
	Date 12/11/2023	Full name of contributor  Edward Trefger	Out-of-state P	AC (ID#)	Amount of contribution (\$) 500.00
		Contributor address; 25675 Lewis Ranch Road New Braunfels, TX 78132	City;	State; Zip Code	
				Employer (See instru Self employed	uctions)

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### SCHEDULE A1

	-	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 7 of 9
2	FILER NAME Mr Marc K Why	vte			3 Filer ID (Ethics Commission Filers)
4	Date 12/11/2023	5 Full name of contributor Seth Bell	out-of-state P	AC (ID#)	7 Amount of contribution (\$) 250.00
		6 Contributor address; 7801 Broadway #230 San Antonio, TX 78209	City;	State; Zip Code	
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru Law Office of Seth I	•
	Date 12/12/2023	Full name of contributor MARCO BARROS	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 14018 Sage Bluff San Antonio, TX 78216	City;	State; Zip Code	
Principal occupation / Job title (See instructions)  President		Employer (See instructions)  Marco Barros Management			
	Date 12/12/2023	Full name of contributor  Pat Garrison	Out-of-state PAC (ID#)		Amount of contribution (\$) 100.00
		Contributor address; 335 Oak Glen San Antonio, TX 78209	City;	State; Zip Code	
	Principal occupa	ation / Job title (See instructions) ctor	Employer (See instructions) Chick-fil-A		uctions)
	Date 12/13/2023	Full name of contributor Hart Edward	out-of-state P	AC (ID#)	Amount of contribution (\$) 100.00
		Contributor address; 2311 Woodmen Dr. San Antonio, TX 78209	City;	State; Zip Code	
Principal occupation / Job title (See instructions)  President		Employer (See instructions) Sendero Wealth Management		•	

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### SCHEDULE A1

	-	The Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 8 of 9	
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)	
4	Date 12/13/2023	5 Full name of contributor Miller Naomi	☐ out-of-state P	AC (ID#)	7 Amount of contribution (\$) 100.00	
		6 Contributor address; 259 Emporia Blvd #3 San Antonio, TX 78209	City;	State; Zip Code		
8	Principal occupa	ation / Job title (See instructions)		9 Employer (See instru ACEC San Antonio	uctions)	
	Date 12/13/2023	Full name of contributor  Jeffrey Wentworth	out-of-state P	AC (ID#)	Amount of contribution (\$) <b>250.00</b>	
		Contributor address; 160 Country Ln San Antonio, TX 78209	City;	State; Zip Code		
Principal occupation / Job title (See instructions)  Judge				Employer (See instructions) Retired		
	Date Full name of contributor □ out-of-state PAC (ID#)  12/13/2023 John Montford		AC (ID#)	Amount of contribution (\$) 500.00		
		Contributor address;  1 Buckingham Ct  San Antonio, TX 78257	City;	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	uctions)	
	Date 12/13/2023	Full name of contributor MARCO BARROS	Out-of-state P	AC (ID#)	Amount of contribution (\$) 200.00	
		Contributor address; 14018 Sage Bluff San Antonio, TX 78216	City;	State; Zip Code		
	Principal occupa	ation / Job title (See instructions)		Employer (See instru Marco Barros Mana	•	

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### SCHEDULE A1

	1	he Instruction Guide explains how to com	plete this for	rm.	1 Total pages Schedule A1: 9 of 9
2	FILER NAME Mr Marc K Why	te			3 Filer ID (Ethics Commission Filers)
4	Date 12/13/2023	5 Full name of contributor □ out  John Bellinger	t-of-state PAC	(ID#)	7 Amount of contribution (\$) 500.00
		6 Contributor address; 19431 Settlers Creek San Antonio, TX 78258	 City; Sta	te; Zip Code	
8	Principal occupa	ation / Job title (See instructions)	9	Employer (See instru Bellinger Limited	ctions)
	Date 12/13/2023	Full name of contributor	t-of-state PAC	(ID#)	Amount of contribution (\$) 500.00
		Contributor address; (19431 Settlers Creek San Antonio, TX 78258	City; Sta	te; Zip Code	
	Principal occupa President	ation / Job title (See instructions)		Employer (See instru Food Safety Net Ser	·
	Date 12/30/2023	Full name of contributor	t-of-state PAC	(ID#)	Amount of contribution (\$) 500.00
		Contributor address; (804 Vineyard Falls Road Manchaca, TX 78748	 City; Sta	te; Zip Code	
	Principal occupa Attorney	ation / Job title (See instructions)		Employer (See instru	ctions)
	Date	Full name of contributor □ out	t-of-state PAC	(ID#)	Amount of contribution (\$)
		Contributor address;	 City; Sta	te; Zip Code	
	Principal occupa	ation / Job title (See instructions)		Employer (See instru	ctions)
		ATTACH ADDITIONAL C			

Forms provided by Texas Ethics Commission

## 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)	<b>15</b> 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 JU	DICIAL) (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						

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: 1 of 1
2 FILER NAME Mr Marc K Whyte	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED PLEDGES	\$ 0
5 Date 6 Full name of pledgor out-of-state PAC (ID#  7 Pledgor address; City; State; Zip Cod	
10 Principal occupation / Job title (See instructions)	Check if travel outside of Texas, complete Schedule T  11 Employer (See instructions)
Date  Full name of pledgor  out-of-state PAC (ID#	Amount of Pledge \$
	Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)	Employer (See instructions)
Date Full name of pledgor out-of-state PAC (ID#	) Amount of Pledge \$ In-kind contribution description
Pledgor address; City; State; Zip Cod	de Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)	Employer (See instructions)
Date Full name of pledgor out-of-state PAC (ID#  Pledgor address; City; State; Zip Cod	Amount of Pledge \$
Principal occupation / Job title (See instructions)	Check if travel outside of Texas, complete Schedule T Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THI	

#### **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)** Accounting/Banking Event Expense Advertising Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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 7/10/2023 **NORMA DENHAM & ASSOCIATES** 6 Amount (\$) 7 Payee address; Zip Code City; State: 1890.00 15706 Knoll Cliff San Antonio, TX 78247 8 (a) Category (See categories listed at the top of this schedule) (b) Description **Consulting Expense** Campaign **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 7/10/2023 **Raconteur Media Company** Payee address; Amount (\$) City; State; Zip Code 1333.33 PO Box 26511 Austin, TX 78755 Category (See categories listed at the top of this schedule) Description Media **Advertising Expense 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 7/10/2023 GODADDY.COM Amount (\$) Payee address; City; State: Zip Code 9.58 2155 E. GoDaddy Way Tempe, AZ 85284 Category (See categories listed at the top of this schedule) Description Media **Advertising Expense PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T Complete ONLY if direct Office sought Candidate / Officeholder name Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Accounting/Banking Event Expense Loan Repayment/Reimbursement Advertising Expense Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gifts/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how 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 of 7	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)	
4 Date 7/14/2023	5 Payee name Andrew J Greene CPA			
6 Amount (\$) 2662.50	7 Payee address; City; State; 5642 Timber Steep San Antonio, TX 78250	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Accounting/Banking		s, bookeeping, CPA	
	(c) Check if travel outside of Texas, complete scl	hedule T Check if A	Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 8/8/2023	Payee name GODADDY.COM			
Amount (\$) <b>9.58</b>	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 sched Advertising Expense	dule) Description Media		
	Check if travel outside of Texas, complete scl	hedule T Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held	
Date 8/9/2023	Payee name Raconteur Media Company			
Amount (\$) <b>1019.26</b>	Payee address; City; State; PO Box 26511 Austin, TX 78755	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Advertising Expense	Description Media services		
	Check if travel outside of Texas, complete scl	hedule 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 CATEGORIES FOR BOX 8(a)						
Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Offi Food/Beverage Expense Poll Gifts/Awards/Memorials Expense Prir	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense iting Expense aries/Wages/Contract Labor omplete 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 8/14/2023	5 Payee name Erika Guzman					
6 Amount (\$) 923.92	7 Payee address; City; State; Zip Code 12002 Los Cerdos St. San Antonio, TX 78233					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Salaries/Wages/Contract Labor		Report, Thank you cards			
	(c) Check if travel outside of Texas, complete sched	dule T Check if	Austin, TX, officeholder living expense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
Date 9/11/2023	Payee name GODADDY.COM					
Amount (\$) <b>9.58</b>	Payee address; City; State; 2 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 sched	dule T Check if	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
Date <b>9/15/2023</b>	Payee name Anedot					
Amount (\$) 30.60	Payee address; City; State; 2 1340 Poydras Street New Orleans, LA 70112	Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Fees		form processing fees 7/01/23-9/30/23			
	Check if travel outside of Texas, complete sched	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 NEEDI	<b>E</b> D			

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 Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/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 9/27/2023	5 Payee name Jonathan Alonso Photography					
6 Amount (\$) 270.63	7 Payee address; City; State; Zip Code 518 Cherry Ridge Ave. San Antonio, TX 78213					
8 PURPOSE OF EXPENDITURE						
	(c) Check if travel outside of Texas, complete sche	dule T Check if	Austin, TX, officeholder living expense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
Date 10/10/2023	Payee name GODADDY.COM					
Amount (\$) 9.58	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 schedul Advertising Expense	e) 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			
Date <b>10/23/2023</b>	Payee name Raconteur Media Company					
Amount (\$) <b>1200.57</b>	Payee address; City; State; 2 PO Box 26511 Austin, TX 78755	Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul 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 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: 5 of 7	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)			
4 Date 11/2/2023	5 Payee name Bank of America					
6 Amount (\$) 41.52	7 Payee address; City; State; Zip Code PO Box 25118 Tampa, FL 33622					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Fees	(b) Description Bank Fees- Chec	k Order			
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
Date 11/9/2023	Payee name GODADDY.COM					
Amount (\$) 9.58	Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	dule) Description Media				
	Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
Date 11/10/2023	Payee name Raconteur Media Company					
Amount (\$) <b>1229.00</b>	Payee address; City; State; PO Box 26511 Austin, TX 78755	Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	dule) Description Media				
	Check if travel outside of Texas, complete so	chedule 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						

## 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	Fees Food/Beverage Expense Gifts/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 11/17/2023	5 Payee name Erika Guzman				
6 Amount (\$) 90.00	7 Payee address; City; State; 12002 Los Cerdos St. San Antonio, TX 78233	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor	(b) Description Prepare finance i	report		
	(c) Check if travel outside of Texas, complete so	chedule T Check if A	Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date 11/22/2023	Payee name Raconteur Media Company				
Amount (\$) 1139.35	Payee address; City; State; PO Box 26511 Austin, TX 78755	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Advertising Expense	dule) Description Media			
	Check if travel outside of Texas, complete so	hedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held		
Date <b>12/11/2023</b>	Payee name GODADDY.COM				
Amount (\$) 9.58	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 sche Advertising Expense	dule) Description Media			
	Check if travel outside of Texas, complete so	chedule 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 TH	IIS SCHEDULE AS NEEDE	ED .		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense		
Advertising Expense Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District		
Contributions/Donations Made By	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District		
Candidate/Officeholder/Political C	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how	to complete this form			
1 Total pages Schedule F1: 7 of 7	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)		
	-				
4 Date 12/14/2023	5 Payee name Monarch Trophy Studio				
6 Amount (\$)	<b>7</b> Payee address; City; State;	Zip Code			
1435.00	PO Box 839976				
	San Antonio, TX 78283				
8	(a) Category (See categories listed at the top of this sch	nedule) <b>(b)</b> Description			
PURPOSE	Advertising Expense	Fiesta Medals			
OF					
EXPENDITURE					
	(c) Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense		
9 Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/C	OH .				
Date	Payee name				
12/15/2023	THE BARN DOOR RESTAURANT				
Amount (\$)	Payee address; City; State;	Zip Code			
500.55	8400 N. New Braunfels				
	San Antonio, TX 78209				
	Category (See categories listed at the top of this sch	nedule) Description			
PURPOSE	Event Expense	Fundraising Ever	nt		
OF					
EXPENDITURE					
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/C	OH .				
Date	Payee name				
12/31/2023	Anedot				
Amount (\$)	Payee address; City; State;	Zip Code			
277.40	1340 Poydras Street				
	New Orleans, LA 70112				
	Category (See categories listed at the top of this sch	nedule) Description			
PURPOSE	Fees		form processing fees		
OF					
EXPENDITURE					
	Check if travel outside of Texas, complete s	schedule T Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct		Office sought	Office held		
expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED		

### **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		Travel In District  Travel Out Of District  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				
<b>5</b> 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	Check if Austin, TX, officeholder living expense				
<b>11</b> Complete ONLY if direct expenditure to benefit C/C		ice sought	Office held				
Date	Date Payee name						
Amount (\$)	Payee address; City; State; Zip Cod	е					
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 <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEE	DED				

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.				1 Total pages Schedule F3: 1 of 1			
2	2 FILER NAME Mr Marc K Whyte				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	C The 12 (Euros Commission There)					
4 TOTAL OF UNITEM	Mr Marc K Whyte  ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0				
<b>5</b> Date	ate 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)
<b>4</b> Date	<b>5</b> Payee Name			
<b>6</b> Amount (\$)	<b>7</b> 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
<b>9</b> 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)
<b>4</b> 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
<b>9</b> 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 L	abor 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					
	<b>9</b> Destination of	ity or name of destination loc	cation			
<b>10</b> Means of transporta	ation	<b>11</b> Purpose of travel (including	ng name of conference, sei	minar, 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 L	abor Organization / Pledgor /	<sup>/</sup> 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 pers	son(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	ng name of conference, sei	minar, 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	
	WHO IS NOT AN OFFICEHOLDER lete A & B below only if you are not an officeholder. ••		
A.	CAMPAIGN FUNDS		
Chec	k only one:		
	I do not have unexpended contributions or unexpended interest or income ea	arned 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		
Chec	k only one:		
	I do not retain assets purchased with political contributions or interest or other	er income from political contributions.	
	I do retain assets purchased with political contributions or interest or other in may not convert assets purchased with political contributions or interest or of use. I also understand that I must dispose of assets purchased with political Election Code, § 254.204.	her income from political contributions to personal	
	_	Signature of Candidate	
_	EHOLDER only if you are an officeholder. ••		
	I am aware that I remain subject to filing requirements applicable to an office am also aware that I will be required to file reports of unexpended contribution I retain political contributions, interest of other income from political contributions.	ns if, after filing the last required report as an officeholder,	
	_	Signature of Officeholder	