

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 46	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Marc	MI K	OFFICE USE ONLY Date Received 7/21/2023 9:30:39AM	
	NICKNAME	LAST Whyte	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9240 Marymont Park San Antonio TX 78217			Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 562-2870	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Eddie	MI	Receipt #	Amount \$
	NICKNAME	LAST Aldrete	SUFFIX	Date Processed 7/21/2023 9:30:39AM	
					Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 335 Countrywood Dr. San Antonio TX 78216				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 492-8383	EXTENSION		
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year 4/27/2023		THROUGH	Month Day Year 6/30/2023	
11 ELECTION	ELECTION DATE Month Day Year 5/6/2023		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Council District 10		13 OFFICE SOUGHT (if known) Council District 10		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr Marc K Whyte	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33165.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 85607.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 31331.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50000.00

18 AFFIDAVIT		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p>*** Electronically Certified ***</p> <p>_____ Signature of Candidate or Officeholder</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Mr Marc K Whyte</u> , this the <u>21st</u> day of <u>July</u> , <u>2023</u> , to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
4/27/2023

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**721 Corona
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
RPSA Attorneys at Law

Date
4/29/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**25219 Doral Crest
San Antonio, TX 78260**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Law Office of David D. Christian

Date
5/1/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**12018 Indigo Bend
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Mosaic Land Development

Date
5/1/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**12018 Indigo Bend
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
5/2/2023

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

7 Amount of contribution (\$)
250.00

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

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Hayden and Cunningham PLLC

Date
5/2/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ashley De La Rosa

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**8806 Tonkawa Trail
San Antonio, TX 78255**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
DLR Services

Date
5/2/2023

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

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**99 Sunriver
Boerne, TX 78006**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Davis and Santos

Date
5/2/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 33240
San Antonio, TX 78265**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Zachry Corporation

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 23
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 5/2/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alex Lucero 6 Contributor address; City; State; Zip Code 100 Simpatico Boerne, TX 78006	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) School Administrator		9 Employer (See instructions) Real Education
Date 5/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donna Collins Contributor address; City; State; Zip Code 68 Courtside Cirle San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CPA		Employer (See instructions) Donna Collins PLLC
Date 5/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawrence Haass Contributor address; City; State; Zip Code 68 Courtside Cirle San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CPA		Employer (See instructions) Retired
Date 5/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anna Nava Contributor address; City; State; Zip Code 302 Harvard Oak San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
5/2/2023

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
13823 Ridge Chase Drive
San Antonio, TX 78230

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Nava and Glander Law Firm

Date
5/2/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
13823 Ridge Chase Drive
San Antonio, TX 78230

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Haynes and Boone

Date
5/2/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
25219 Wentworth Way
San Antonio, TX 78250

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Nava and Glander Law Firm

Date
5/2/2023

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

Amount of contribution (\$)
15.00

Contributor address; City; State; Zip Code
5430 Cerro Vista St.
San Antonio, TX 78233

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
5/2/2023

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**5454 Vista Creek
San Antonio, TX 78247**

8 Principal occupation / Job title (See instructions)
Managing Member

9 Employer (See instructions)
X7

Date
5/2/2023

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

Amount of contribution (\$)
200.00

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

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Port A Realty

Date
5/4/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**535 Ullrich Rd
Marion, TX 78124**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Watts Guerra

Date
5/4/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**836 River Forest Dr
New Braunfels, TX 78132**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
5/11/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
San Antonio Apartment Assoc

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**7525 Babcock Rd.
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
PAC

9 Employer (See instructions)

Date
5/11/2023

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)

Date
6/2/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7134 Quail Garden
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
Retired

Date
6/2/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**8319 Eagle Peak
Helotes, TX 78023**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Williams Adley

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 23
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vidya Kamath 6 Contributor address; City; State; Zip Code 3115 Iron Stone Lane San Antonio, TX 78230	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Physician		9 Employer (See instructions) Southwest Diagnostic Center
Date 6/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suren Kamath Contributor address; City; State; Zip Code 3115 Iron Stone Lane San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Private Practice
Date 6/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sohail Shakil Contributor address; City; State; Zip Code 25534 Vista Bella San Antonio, TX 78260	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Project Manager		Employer (See instructions) J3 Company
Date 6/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mohammed Choudray Contributor address; City; State; Zip Code 4535 FM 1516 N Converse, TX 78109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Mission Wrecker
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/2/2023

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**13538 Barsan Rd.
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
Pres.

9 Employer (See instructions)
Association of Convenience Store Retailers

Date
6/2/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3827 Oak Trail
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
6/2/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**12951 Huebner Rd
San Antonio, TX 78249**

Principal occupation / Job title (See instructions)
Internal Medicine

Employer (See instructions)
Murthy Gedala PLLC

Date
6/2/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**406 Ruidosa Downs
Helotes, TX 78023**

Principal occupation / Job title (See instructions)
Physician

Employer (See instructions)
Advanced Wound Clinic and Hyperbarics

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/2/2023

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**603 E. Nottingham
San Antonio, TX 78209**

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

9 Employer (See instructions)
Keller Williams City View

Date
6/2/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**10510 Mossbank Ln.
San Antonio, TX 78230**

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

Employer (See instructions)
Levi Rogers Real Estate Group

Date
6/2/2023

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

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**94 Briggs St. #600
San Antonio, TX 78224**

Principal occupation / Job title (See instructions)
DPM

Employer (See instructions)
San Antonio New Step

Date
6/2/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**6215 Vial La Cantera #473
San Antonio, TX 78256**

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

Employer (See instructions)
Beyond Faith Home Care

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/2/2023

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

7 Amount of contribution (\$)
100.00

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

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

9 Employer (See instructions)
ACEC San Antonio

Date
6/2/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1313 N.E. Loop 410 #100
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Sparr Mediation

Date
6/5/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**37 Westerleigh
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)
attorney

Employer (See instructions)
Langley & Banack

Date
6/6/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**7419 Quail Run Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Law Office of R. Javier Guerra

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/7/2023

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**775 Flightline
Spring Branch, TX 78070**

8 Principal occupation / Job title (See instructions)
V.P. Public Affairs

9 Employer (See instructions)
Zachry Construction Corporation

Date
6/7/2023

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Charles Martin Wender Real Estate

Date
6/7/2023

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Charles Martin Wender Real Estate

Date
6/8/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**48 Vineyard Dr
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Executive Vice President

Employer (See instructions)
NuStar

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/12/2023

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Blair Young Construction

Date
6/12/2023

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Bridal Buyer

Employer (See instructions)
Julian Gold

Date
6/12/2023

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Design Consultant

Employer (See instructions)
Retired

Date
6/12/2023

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

Amount of contribution (\$)
250.00

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

Principal occupation / Job title (See instructions)
PR Consultant

Employer (See instructions)
The Eisenberg Group

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 23
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 6/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walter Embrey III 6 Contributor address; City; State; Zip Code 405 Wiltshire Ave. San Antonio, TX 78209	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Real Estate Developer		9 Employer (See instructions) Embrey DC
Date 6/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dennis Stuckey Contributor address; City; State; Zip Code 107 Grassmarket San Antonio, TX 78258	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 6/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Caroline McDonald Contributor address; City; State; Zip Code 100 NW Interstate 410 Loop San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) President		Employer (See instructions) Brown & McDonald PLLC
Date 6/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Kirk Contributor address; City; State; Zip Code 113 Paseo Del Rio Seguin, TX 78155	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Embrey DC
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/16/2023

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

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**3414 Port Place
San Antonio, TX 78253**

8 Principal occupation / Job title (See instructions)
Superintendent

9 Employer (See instructions)
School of Science and Technology

Date
6/16/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**338 Ridgehaven
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
FastSigns

Date
6/16/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**528 Normandy Ave
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
San Antonio AGC

Date
6/16/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2620 S 50th Street
Tempe, AZ 85282**

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 of 23
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 6/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myrtle Parks 6 Contributor address; City; State; Zip Code 3219 Tavern Oaks San Antonio, TX 78247	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions)
Date 6/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Walker Contributor address; City; State; Zip Code 1603 Nacogdoches San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Star Shuttle
Date 6/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suzie Walker Contributor address; City; State; Zip Code 1603 Nacogdoches San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Director of Development		Employer (See instructions) Star Shuttle
Date 6/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) April Ancira Contributor address; City; State; Zip Code 31305 Kenneland Dr Boerne, TX 78015	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) VP		Employer (See instructions) Ancira Auto Group
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/22/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
J S Rose

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**610 East Market St #2507
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Jackson Walker

Date
6/22/2023

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

Amount of contribution (\$)
250.00

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

Principal occupation / Job title (See instructions)
Financial Advisor

Employer (See instructions)
Monarch Wealth Strategies

Date
6/22/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**222 E. Houston #1203
San Antonio, TX 79205**

Principal occupation / Job title (See instructions)
VP

Employer (See instructions)
Cultural Placemaking

Date
6/22/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**419 Thelma Dr
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Gonzalez Chiscano Angulo & Kasson, PC

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17 of 23
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 6/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brad Beldon 6 Contributor address; City; State; Zip Code 35 Royal Waters San Antonio, TX 78248	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) CEO		9 Employer (See instructions) Beldon Roofing
Date 6/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sonia Benavides Contributor address; City; State; Zip Code 35 Waters Edge Way San Antonio, TX 78249	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 6/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Ortiz Contributor address; City; State; Zip Code 9103 Mellbrook St. San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Ortiz and McKnight PLLC
Date 6/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Schendel Contributor address; City; State; Zip Code 7887 Broadway #505 San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) EVP		Employer (See instructions) Versa Terra
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/22/2023

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**3 Woltwood
San Antonio, TX 78248**

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Versa Terra

Date
6/22/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**300 Convent St
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Bracewell LLP

Date
6/23/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Leticia Van de Putte

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**222 Herweck Dr
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
Politician

Employer (See instructions)
Andrade Vandeputte & Assoc

Date
6/23/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1020 NE Loop 410
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Chasnoff Mungia Valkenaar Pepping & Stribling, LLP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19 of 23
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 6/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ivalis M Gonzalez 6 Contributor address; City; State; Zip Code 12402 King Walnut San Antonio, TX 78230	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Consultant		9 Employer (See instructions) Andrade-Van de Putte & Associates
Date 6/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sallie Scott Contributor address; City; State; Zip Code 84 Granburg Circle San Antonio, TX 78218	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 6/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Buescher Contributor address; City; State; Zip Code 5133 Cape Ann Dr. Corpus Christi, TX 78412	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) VP		Employer (See instructions) Lennar Mortgage
Date 6/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hope Andrade Contributor address; City; State; Zip Code 123 Lexington #1604 San Antonio, TX 78205	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Partner		Employer (See instructions) Andrade VandePutte and Assoc.
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20 of 23
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 6/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Frost 6 Contributor address; City; State; Zip Code 520 Geneseo Rd. San Antonio, TX 78209	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) President		9 Employer (See instructions) Frost Bank
Date 6/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yvette Duenas Contributor address; City; State; Zip Code 11431 Creekwood Hills Lane Houston, TX 77070	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) CPA		Employer (See instructions) Garcia, Hamilton and Assoc.
Date 6/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Solcher Contributor address; City; State; Zip Code 7002 Spring Briar St. San Antonio, TX 78209	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions)
Date 6/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephani Walsh Campaign Contributor address; City; State; Zip Code 411 S. Presa San Antonio, TX 78205	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Walsh Mediation
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
21 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/26/2023

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Macon Law Firm

Date
6/26/2023

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Jackson Walker

Date
6/26/2023

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

Amount of contribution (\$)
250.00

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

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

Employer (See instructions)
Perry Donop Realty

Date
6/26/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**351 E. Terra Alta Dr.
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Realtor

Employer (See instructions)
Keller Williams

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/26/2023

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2019 Flint Oak
San Antonio, TX 78248-1821**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Ortiz and McNight PLLC

Date
6/26/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**157 Cibolo Ridge Tr
Fair Oaks Ranch, TX 78015**

Principal occupation / Job title (See instructions)
Chairman / CEO

Employer (See instructions)
Frost Bank

Date
6/26/2023

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

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**4030 Durness Way
Houston, TX 77025**

Principal occupation / Job title (See instructions)
Managing Partner

Employer (See instructions)
Garcia, Hamilton and Assoc.

Date
6/26/2023

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Housewife

Employer (See instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
23 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
6/26/2023

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Clermont LLC

Date
6/26/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
San Antonio Prof Firefighters PAC

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**10045 PO BOX 100455
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)

Date
6/29/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**78160 PO BOX 781609
San Antonio, TX 78278**

Principal occupation / Job title (See instructions)
PAC

Employer (See instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 8	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)			
4 Date 4/28/2023	5 Payee name Election Support Services					
6 Amount (\$) 22830.00	7 Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description Direct mail design, Printing, and mailing			
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 5/2/2023	Payee name Election Support Services					
Amount (\$) 13765.00	Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Direct mail design, Printing, and mailing			
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 5/2/2023	Payee name BDR Services					
Amount (\$) 2510.00	Payee address; City; State; Zip Code 2610 Tillie Dr. San Antonio, TX 78222					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalker			
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 8	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 5/3/2023	5 Payee name Christopher Sanchez		
6 Amount (\$) 1350.00	7 Payee address; City; State; Zip Code 11001 Wurzbach Rd #503 San Antonio, TX 78230		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description blockwalker
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/3/2023	Payee name GOFISH ADVERTISING		
Amount (\$) 243.56	Payee address; City; State; Zip Code 19315 FM 2252 #312 Garden Ridge, TX 78266		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description media
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/4/2023	Payee name NORMA DENHAM & ASSOCIATES		
Amount (\$) 2075.00	Payee address; City; State; Zip Code 15706 Knoll Cliff San Antonio, TX 78247		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Fundraising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 8	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 5/4/2023	5 Payee name THE BARN DOOR RESTAURANT		
6 Amount (\$) 1738.96	7 Payee address; City; State; Zip Code 8400 N. New Braunfels San Antonio, TX 78209		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description Campaign Watch
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name		Office sought
			Office held
Date 5/4/2023	Payee name Lizzy Aranibar		
Amount (\$) 1540.00	Payee address; City; State; Zip Code 1903 Cambria San Antonio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Event Coordinator
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name		Office sought
			Office held
Date 5/8/2023	Payee name BDR Services		
Amount (\$) 1240.00	Payee address; City; State; Zip Code 2610 Tillie Dr. San Antonio, TX 78222		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalker
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name		Office sought
			Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 8	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 5/9/2023	5 Payee name Andrew J Greene CPA		
6 Amount (\$) 5000.00	7 Payee address; City; State; Zip Code 5642 Timber Steep San Antonio, TX 78250		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description Campaign reports, bookkeeping, CPA
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/9/2023	Payee name GODADDY.COM		
Amount (\$) 7.45	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 schedule) Advertising Expense		Description media
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/9/2023	Payee name Raconteur Media Company		
Amount (\$) 250.00	Payee address; City; State; Zip Code PO Box 26511 Austin, TX 78755		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description media services
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 8	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 5/10/2023	5 Payee name Jonathan Delmer		
6 Amount (\$) 14000.00	7 Payee address; City; State; Zip Code 356 Pike Rd. San Antonio, TX 78209		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Campaign Management
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 5/10/2023	Payee name Election Support Services		
Amount (\$) 12130.00	Payee address; City; State; Zip Code 2611 Rompel Pass San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense		Description Direct Mail design, printing and mailing
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/1/2023	Payee name Christopher Sanchez		
Amount (\$) 1350.00	Payee address; City; State; Zip Code 11001 Wurzbach Rd #503 San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Blockwalker
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 6 of 8	2 FILER NAME Mr Marc K Whyte	3 Filer ID (Ethics Commission Filers)
4 Date 6/5/2023	5 Payee name GOFISH ADVERTISING	
6 Amount (\$) 92.01	7 Payee address; City; State; Zip Code 19315 FM 2252 #312 Garden Ridge, TX 78266	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 6/6/2023	Payee name NORMA DENHAM & ASSOCIATES		
Amount (\$) 4204.00	Payee address; City; State; Zip Code 15706 Knoll Cliff San Antonio, TX 78247		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description Campaign	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 6/9/2023	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 schedule) Advertising Expense	Description DNH	
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 7 of 8	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 6/21/2023	5 Payee name Top Shelf Duchess		
6 Amount (\$) 292.28	7 Payee address; City; State; Zip Code 7751 Copper Cave San Antonio, TX 78249		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description fundraising
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/22/2023	Payee name Central Market HEB		
Amount (\$) 344.24	Payee address; City; State; Zip Code 7821 Broadway San Antonio, TX 78209		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Fundraising Event
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 6/26/2023	Payee name Myrons Prime Steakhouse		
Amount (\$) 23.03	Payee address; City; State; Zip Code 10003 NW Military San Antonio, TX 78231		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description Lunch meeting
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 8 of 8	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2023	5 Payee name Anedot		
6 Amount (\$) 612.00	7 Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees		(b) Description Contribution platform processing fees 4/27/23-6/30/23
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mr Marc K Whyte	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0				
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political					
10 PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> (a) Category (See categories listed at the top of this schedule) </td> <td style="width: 50%; vertical-align: top;"> (b) Description </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> (c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		(a) Category (See categories listed at the top of this schedule)	(b) Description	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
(a) Category (See categories listed at the top of this schedule)	(b) Description					
(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political					
PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Category (See categories listed at the top of this schedule)</td> <td style="width: 50%; vertical-align: top;">Description</td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>		Category (See categories listed at the top of this schedule)	Description	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Category (See categories listed at the top of this schedule)	Description					
<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	
Candidate / Officeholder name	Office sought	Office held				

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

4 TOTAL OF UNITEMIZED 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

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

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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

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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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.)	(b) Description (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.)	Description (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.)	Description (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.)	Description (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.)	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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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 T: 1 of 1
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
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 Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
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 NAME
Mr Marc K Whyte

Filer ID (Ethics Commission Filers)

SIGNATURE

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

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

OFFICEHOLDER

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

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

Signature of Officeholder