

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: 42	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Marc	MI K	OFFICE USE ONLY Date Received 1/15/2026 3:13:41PM	
	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 1/15/2026 3:13:41PM	
	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	January 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year 7/1/2025		THROUGH	Month Day Year 12/31/2025	
11 ELECTION	ELECTION DATE Month Day Year 5/3/2025		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) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 36550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7651.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 114522.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50000.00

18 AFFIDAVIT		
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.		
*** Electronically Certified ***		
_____ Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said Mr Marc K Whyte , this the 15th day of January , 2026 , 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	\$ 36550.00
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	\$ 7651.43
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
7/9/2025

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

7 Amount of contribution (\$)
200.00

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

8 Principal occupation / Job title (See instructions)
Self

9 Employer (See instructions)
Self

Date
7/11/2025

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**307 Huntington Place
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self

Date
7/15/2025

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**24751 Buck Crk
San Antonio, TX 78255**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
7/15/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**3162 Barton Hill Drive
Bulverde, TX 78163**

Principal occupation / Job title (See instructions)
Homebuilder

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
7/16/2025

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**26227 High Timber Pass
San Antonio, TX 78260**

8 Principal occupation / Job title (See instructions)
Land Manager

9 Employer (See instructions)
Bella Vista Homes

Date
7/16/2025

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

Amount of contribution (\$)
250.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
7/16/2025

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

Amount of contribution (\$)
150.00

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

Principal occupation / Job title (See instructions)
Executive Officer

Employer (See instructions)
Greater San Antonio Builders Association

Date
7/16/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**7428 Gallery Ridge
San Antonio, TX 78250**

Principal occupation / Job title (See instructions)
Director of Purchasing

Employer (See instructions)
Sitterle Homes

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
7/16/2025

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**23834 Village Blacksmith
San Antonio, TX 78255**

8 Principal occupation / Job title (See instructions)
Exec

9 Employer (See instructions)
On3

Date
7/16/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**14929 Cadillac Dr.
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Texas Hones

Date
7/30/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**225 Castano Ave
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Administrative

Employer (See instructions)
Texas Medical Legal Consultants, LLC

Date
7/30/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**225 Castano Ave
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Texas Medical Legal Consultants, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
7/31/2025

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**5922 Spring Bow
San Antonio, TX 78247**

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

9 Employer (See instructions)
Gibson Plumbing

Date
7/31/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 696000
San Antonio, TX 78269**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
7/31/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 790086
San Antonio, TX 78279**

Principal occupation / Job title (See instructions)
General Contractor

Employer (See instructions)
Joeris General Contractors, Ltd

Date
7/31/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 790086
San Antonio, TX 78279**

Principal occupation / Job title (See instructions)
Self

Employer (See instructions)
Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
8/1/2025

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Christian Hummel Sr

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
7519 Bridgewater dr.
San Antonio, TX 78209

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)

Date
8/1/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
7519 Bridgewater dr.
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
Property Manager

Employer (See instructions)
self

Date
8/1/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
7519 Bridgewater dr.
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)

Date
8/1/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
7519 Bridgewater dr.
San Antonio, TX 78209

Principal occupation / Job title (See instructions)
homemaker

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:
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2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
8/4/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2211 Camelback Dr
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Financial Advisory

9 Employer (See instructions)
JDK Wealth Advisors

Date
8/4/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2211 Camelback Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Homemaker

Employer (See instructions)

Date
8/6/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**520 Geneseo Road
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
8/7/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
& Sampson, LLP Linebarger Coggan Blair

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 17428
Austin, TX 78760**

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

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
8/11/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**30804 Buck Lane
Bulverde, TX 78163**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
8/11/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**19431 Settlers Crk
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)

Employer (See instructions)
Self-Employed

Date
8/11/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**19431 Settlers Crk
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
homemaker

Employer (See instructions)

Date
8/11/2025

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

Amount of contribution (\$)
50.00

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

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
8/12/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**6217 E 77th Pl
Tulsa, OK 74136**

8 Principal occupation / Job title (See instructions)
Owner CEO

9 Employer (See instructions)
Granite Ridge Consulting

Date
8/12/2025

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
8/12/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**610 E. Market
San Antonio, TX 78266**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Dailey and Wells Comm

Date
8/12/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**610 E. Market
San Antonio, TX 78266**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Dailey and Wells Comm

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
8/13/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**300 West French Pl
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
Musician

9 Employer (See instructions)
John Agather

Date
8/13/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4242 Broadway St
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Banker

Employer (See instructions)
Broadway Bank

Date
8/13/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**31305 Kenneland Dr
Boerne, TX 78015**

Principal occupation / Job title (See instructions)
Vp

Employer (See instructions)
ANCIRA

Date
8/14/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**14122 Churchill Estates
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)

Employer (See instructions)
Self

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:
10 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
8/17/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1214 Willow Knoll
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Golf Professional

9 Employer (See instructions)
R I I M, LLC

Date
8/18/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3219 Tavern Oaks St
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Texas Mgt Associates, Inc.

Date
8/18/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3219 Tavern Oaks St
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
homemaker

Employer (See instructions)

Date
8/18/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**123 Lexington Ave
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Entrepreneur

Employer (See instructions)
Self

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:
11 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
8/18/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**7801 Broadway
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Law Office of Seth K. Bell

Date
8/18/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**101 Paseo Encinal St
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
VP

Employer (See instructions)
Progressive Roofing

Date
8/18/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**21105 W. Interstate 10
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Auto Dealer

Employer (See instructions)
Cavender Auto Family

Date
8/18/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2 Westelm Cir
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Kustoff & Sanders LLP

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:
12 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
8/18/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2 Westelm Cir
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Volunteer

9 Employer (See instructions)
self

Date
8/18/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**335 Oak Glen Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Host

Employer (See instructions)
Chick fil A

Date
8/18/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**7744 Broadway #108
San Antonio, TX 78208**

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Self

Date
8/19/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4006 Green Oak
Waco, TX 76710**

Principal occupation / Job title (See instructions)
Real Estate

Employer (See instructions)
Rick Sheldon Real Estate, LLC

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
8/19/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**4006 Green Oak
Waco, TX 76710**

8 Principal occupation / Job title (See instructions)
Realtor

9 Employer (See instructions)
Rick Sheldon Real Estate, LLC

Date
8/19/2025

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**5903 Lost Creek St
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

Date
8/19/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**2904 Bison Ridge Dr
Bulverde, TX 78163**

Principal occupation / Job title (See instructions)
Vice President

Employer (See instructions)
Valero

Date
8/20/2025

Full name of contributor ☐ out-of-state PAC (ID# _____)
Gerald W. Lee

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**18907 Calle Cierra San
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
GAP Consultants

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:
14 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
8/20/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**16006 Ponderosa Pass
Helotes, TX 78023**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)
Quatro Strategics Solutions

Date
8/20/2025

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

Amount of contribution (\$)
250.00

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

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Wymer & Tom, PC

Date
8/20/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**610 E. Market St.
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Partner

Employer (See instructions)
The Normandy Group

Date
8/20/2025

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**2150 Encino Loop
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Commercial Broker

Employer (See instructions)
Partners Real Estate

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
8/20/2025

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

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
President & CEO

9 Employer (See instructions)
JTM Consulting

Date
8/20/2025

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
4 Bromwich
San Antonio, TX 78218

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)

Date
8/20/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
2 Walden Elms
San Antonio, TX 78257

Principal occupation / Job title (See instructions)
owner

Employer (See instructions)
Joel's Collision Repair LLC

Date
8/20/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
2 Walden Elms
San Antonio, TX 78257

Principal occupation / Job title (See instructions)
Self Employed

Employer (See instructions)
Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16 of 23
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 8/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan Flores 6 Contributor address; City; State; Zip Code 439 Calumet Pl San Antonio, TX 78209	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See instructions) Executive		9 Employer (See instructions) Port San Antonio
Date 8/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken Brown Contributor address; City; State; Zip Code 100 NE Loop 410 #1385 San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Brown & McDonald
Date 8/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Mullins Contributor address; City; State; Zip Code 217 Tuttle Rd San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Real Estate Developer		Employer (See instructions) Southerland Communities
Date 8/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leslie Mullins Contributor address; City; State; Zip Code 217 Tuttle Rd San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Homemaker		Employer (See instructions)
<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: 17 of 23
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 8/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fermin Rajunov 6 Contributor address; City; State; Zip Code 5 Wayward Oaks San Antonio, TX 78248	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) President		9 Employer (See instructions) Cultiva Financial
Date 8/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Group Sabinal Contributor address; City; State; Zip Code 237 W. Travis #200 San Antonio, TX 78205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 8/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PAC Killen Griffin & Farrimond Contributor address; City; State; Zip Code 10101 Reunion PI #250 San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 8/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Summer Greathouse Contributor address; City; State; Zip Code 125 West Agarita Avenue San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Lawyer		Employer (See instructions) Bracewell
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:
18 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
8/21/2025

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
**24 Inwood Manor
San Antonio, TX 78248**

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

9 Employer (See instructions)
VersaTerra Development

Date
8/22/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**414 Prinz Dr.
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
CMO

Employer (See instructions)
SecureLogix

Date
8/25/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**207 Roosevelt Ave
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Bakke Development

Date
8/25/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**214 Tuttle Rd
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Anesthesiologist

Employer (See instructions)
UT Health SA

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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:
19 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
8/25/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**214 Tuttle Rd
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Self

9 Employer (See instructions)
Self Employed

Date
8/25/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5615 Kirby Dr
Houston, TX 77005**

Principal occupation / Job title (See instructions)
Exectutive VP

Employer (See instructions)
IBC Bank

Date
8/25/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**5615 Kirby Dr
Houston, TX 77005**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
8/27/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**711 Louisiana St #2300
Houston, TX 77002**

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

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
8/28/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**20742 Stone Oak Pkwy #107
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Jackson Walker

Date
8/28/2025

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

Amount of contribution (\$)
400.00

Contributor address; City; State; Zip Code
**31305 Kenneland Dr
Boerne, TX 78015**

Principal occupation / Job title (See instructions)
Vp

Employer (See instructions)
ANCIRA

Date
8/29/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**809 Wyoming
San Antonio, TX 78203**

Principal occupation / Job title (See instructions)
Vice President

Employer (See instructions)
Tru-Matrix Contracting Services LLC

Date
8/29/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**809 Wyoming
San Antonio, TX 78203**

Principal occupation / Job title (See instructions)
Managing Partner

Employer (See instructions)
Tru-Matrix Contracting

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: 21 of 23
2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 8/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) W. Reed Williams 6 Contributor address; City; State; Zip Code 517 Geneseo Rd San Antonio, TX 78209	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions)
Date 9/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stan Waterhouse Contributor address; City; State; Zip Code 7672 Dianjou Dr El Paso, TX 79912	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Self Employed		Employer (See instructions) Self Employed
Date 9/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R.B. Pablos Contributor address; City; State; Zip Code 805 Pinon Blvd San Antonio, TX 78260	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Advisor		Employer (See instructions) Cross National
Date 9/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack Hebdon Jr Contributor address; City; State; Zip Code 8102 Nufy Rdg San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Real Estate		Employer (See instructions) Bakke Development Corp
<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:
22 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
9/10/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**26135 Sunny Mdw
San Antonio, TX 78260**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Marlin Blue Strategists

Date
9/10/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2019 Flint Oak Dr.
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Ortiz McKnight PLLC

Date
9/10/2025

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

Amount of contribution (\$)
500.00

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

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

Employer (See instructions)
Ortiz McKnight PLLC

Date
9/10/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**9103 Mellbrook St
San Antonio, TX 78230**

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

Employer (See instructions)
Ortiz McKnight PLLC

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:
23 of 23

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date
9/19/2025

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**121 E Mariposa Dr
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)
General Partner

9 Employer (See instructions)
Scaleworks

Date
9/30/2025

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
11/25/2025

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2165 East Maya Palm Dr.
Boca Raton, FL 33432**

Principal occupation / Job title (See instructions)
President & CEO

Employer (See instructions)
The NRP Group

Date
12/20/2025

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral
☐ none

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

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a
financial
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral
☐ none

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

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 1 of 4		2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)																														
4 Date 7/3/2025		5 Payee name Raconteur Media Company																																
6 Amount (\$) 96.80		7 Payee address; City; State; Zip Code PO Box 26511 Austin, TX 78755																																
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description media																															
	(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																																		
<table border="1"> <tr> <td>Date 7/30/2025</td> <td colspan="5">Payee name Erika Guzman</td> </tr> <tr> <td>Amount (\$) 300.00</td> <td colspan="5">Payee address; City; State; Zip Code 12002 Los Cerdos St. San Antonio, TX 78233</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor</td> <td colspan="3">Description Campaign Finance Report</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </td> </tr> </table>						Date 7/30/2025	Payee name Erika Guzman					Amount (\$) 300.00	Payee address; City; State; Zip Code 12002 Los Cerdos St. San Antonio, TX 78233					PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Campaign Finance Report			<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 7/30/2025	Payee name Erika Guzman																																	
Amount (\$) 300.00	Payee address; City; State; Zip Code 12002 Los Cerdos St. San Antonio, TX 78233																																	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Campaign Finance Report																															
	<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																																		
<table border="1"> <tr> <td>Date 7/31/2025</td> <td colspan="5">Payee name Paloma Blanca</td> </tr> <tr> <td>Amount (\$) 100.00</td> <td colspan="5">Payee address; City; State; Zip Code 5800 Broadway #300 San Antonio, TX 78209</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See categories listed at the top of this schedule) Event Expense</td> <td colspan="3">Description Deposit for Fundraising Event</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="6"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </td> </tr> </table>						Date 7/31/2025	Payee name Paloma Blanca					Amount (\$) 100.00	Payee address; City; State; Zip Code 5800 Broadway #300 San Antonio, TX 78209					PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Deposit for 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 7/31/2025	Payee name Paloma Blanca																																	
Amount (\$) 100.00	Payee address; City; State; Zip Code 5800 Broadway #300 San Antonio, TX 78209																																	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		Description Deposit for 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																																		

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: 2 of 4	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 8/12/2025	5 Payee name Raconteur Media Company		
6 Amount (\$) 433.75	7 Payee address; City; State; Zip Code PO Box 26511 Austin, TX 78755		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description media
	(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 8/22/2025	Payee name Paloma Blanca		
Amount (\$) 1544.20	Payee address; City; State; Zip Code 5800 Broadway #300 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 9/5/2025	Payee name NORMA DENHAM & ASSOCIATES		
Amount (\$) 3200.00	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
Advertising Expense
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 4	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 9/12/2025	5 Payee name Raconteur Media Company		
6 Amount (\$) 225.10	7 Payee address; City; State; Zip Code PO Box 26511 Austin, TX 78755		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Media
	(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 10/23/2025	Payee name Raconteur Media Company		
Amount (\$) 319.62	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
	<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 11/21/2025	Payee name Amazon.com		
Amount (\$) 78.32	Payee address; City; State; Zip Code 410 Terry Ave. N. Seattle, WA 98109		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Office Supplies		Description office supplies
	<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: 4 of 4	2 FILER NAME Mr Marc K Whyte		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2025	5 Payee name Raconteur Media Company		
6 Amount (\$) 399.24	7 Payee address; City; State; Zip Code PO Box 26511 Austin, TX 78755		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description media
	(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 12/31/2025	Payee name Anedot		
Amount (\$) 954.40	Payee address; City; State; Zip Code 1340 Poydras Street New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees		Description Credit Card Processing
	<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 (\$)	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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Mr Marc K Whyte	3 Filer ID (Ethics Commission Filers)
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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	(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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME
Mr Marc K Whyte

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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 Candidate / Officeholder name Office sought Office held		
Date	Business name	
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 Candidate / Officeholder name Office sought Office held		
Date	Business name	
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 Candidate / Officeholder name Office sought Office held		

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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.)

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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 or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder