as Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

ie C/OH INSTRUCTION GUIDE explains how to complete ls form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received: RECEIVED OCT 9 2001 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
MARC

NICKNAME LAST SUFFIX
WHITEHEAD

CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4623 BROOKSHADOW DR
HUMBLE TX 77345

CAMPAIGN TREASURER NAME

TITLE FIRST MI
MICHAEL W

NICKNAME LAST SUFFIX
JANECEK

CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
8617 CEDARDALE
HOUSTON, TX 77055

CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 759-0818

REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

PERIOD COVERED

Month Day Year: 7 / 1 / 01 THROUGH Month Day Year: 9 / 27 / 01

ELECTION

ELECTION DATE Month Day Year: 11 / 6 / 01

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): CITY COUNCIL, AT-LARGE #3

NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

exas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: MARC WHITEHEAD

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ Ø
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 21,005-00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 32,962-48
OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 15,000-00

19 AFFIDAVIT

PATRICIA NEWBY NOTARY PUBLIC STATE OF TEXAS EXPIRES 04-18-2005

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said marc whitehead, this the 9th day of OCT, 20 01, to certify which, witness my hand and seal of office.

Patricia Newby	Patricia NEWBY	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1/17

FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
-2-01	PAUL M. & JOANNE B. NICK [redacted] HOUSTON, TX 77024	100-00	

Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2-3-01	J. LINK SMITH [redacted] DICKINSON TX 77539	100-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
-5-01	KATE McCONNICO [redacted] HOUSTON, TX 77006	250-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
-6-01	TIM J. & NANCY S. CARNES [redacted] HOUSTON, TX 77096	100-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
-9-01	JUSTO AVILA [redacted] PASADENA, TX 77506	250-00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2/19

FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-11-01	RICHARD JENNINGS & SARAH J. BURCH [redacted] HOUSTON, TX 77057	50-00	

Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-14-01	SEAN G. LEVOY [redacted] HUMBLE TX 77338	200-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-16-01	REBECCA REITZ [redacted] HOUSTON TX 77058	250-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-01	GEORGE T. ELLIS [redacted] HOUSTON, TX 77057	250-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-01	DONALD KIOD [redacted] HOUSTON TX 77006	500-00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3/18

FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2-20-01	GRISSOM, RICHARD & FEATHERSTON [redacted] HOUSTON, TX 77098	250.00	

Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-20-01	WATTS & HEARD, L.L.P. [redacted] HOUSTON TX. 77002	500-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
-25-01	TODD L. BEAR [redacted] HOUSTON TX 77015	1,000-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
-25-01	VINCENT & MABEL LEE LO [redacted] SUGAR LAND 77479	250-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
-25-01	MICHAEL P. MALLIA THE LYRIC CENTER [redacted] HOUSTON, TX 77002	250-00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

xas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 4/17

FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-25-01	JAMES C MEYER [redacted] HOUSTON TX 77057	50-00	

Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-25-01	HILL AND COBB, AT [redacted] HOUSTON TX 77024	250-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-26-01	EUGENE M. FORSYTHE [redacted] HOUSTON TX 77057	100-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-26-01	JANIECE HORN [redacted] HOUSTON TX 77059	50-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-26-01	STEVEN LINDA MOOD [redacted] HOUSTON TX 77010	250-00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 5/17

2 FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-26-01	STEVEN P. & SUSAN L. LINDA MOOD [redacted] HOUSTON TX 77010	100-00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-26-01	KATE McCONNICO [redacted] HOUSTON TX 77006	250-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-26-01	MARK T. MURRAY [redacted] HOUSTON TX 77002	100-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-26-01	LANCE & ALICIA SMITH [redacted] FRIENDSWOOD TX 77546	500-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-26-01	VIRGINIA STOGNER [redacted] HOUSTON TX 77027	50-00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6/17

2 FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7.26.01	CAMERON SMITH KANN [redacted] HOUSTON, TX 77056	40-00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7.27.01	SUZI WADMAN GERSTENHABER [redacted] HOUSTON TX 77401	50-00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7.27.01	GENE E. GUNDERSON [redacted] HOUSTON TX 77035	100-00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8.2.01	DANIEL LINEBAUGH [redacted] BAYTOWN, TX 77521	250-00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8.8.01	GWYNNE M. PIERCE [redacted] EL CAGO TX 77586	25-00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7/17

2 FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-9-01	ELIZABETH J. KILBRIDE [redacted] HOUSTON TX 77098	100-00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-10-01	E. PATRICK CHAUDOIR [redacted] HOUSTON TX 77056	500-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-10-01	JIM MAC PERDUE, JR. [redacted] HOUSTON TX 77019	100-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-13-01	GARY MICHAEL FREEMAN [redacted] HOUSTON TX 77002	250-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-15-01	WILEY DORAN [redacted] HOUSTON TX 77254	500-00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8/17

2 FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8.15.01	ROSEMARY CONLON [redacted] HOUSTON TX 77064	100-00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8.15.01	GEORGE E. & CLAUDINE PLETCHER AMERICA TOWER [redacted] HOUSTON TX 77019	500-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8.15.01	DINESH H. SINGHAL [redacted] HOUSTON TX 77002	500-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8.20.01	CONRAD L. & MYRA F. MOREN [redacted] HOUSTON TX 77036	50-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8.21.01	MICHAEL J. & RENNEE L. FAULHABER [redacted] HOUSTON TX 77072	500-00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 9/18

FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8·21·01	BURWELL, BURWELL & NEBOUT, LLP [redacted] TEXAS CITY TX 77591	150-00	

Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5·22·01	SCOTT CALLAHAN [redacted] HOUSTON TX 77098	250-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5·22·01	ANNETTE M. HENRY [redacted] HOUSTON TX 77002	50-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5·22·01	RAFAEL LOYA [redacted] HOUSTON TX 77055	150-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5·22·01	LAURIE PLEASANT [redacted] HOUSTON TX 77057	50-00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 10/17

FILER NAME: MARK WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-22-01	E. RANDALL SMITH RIVIANA BUILDING [redacted] HOUSTON TX 77019	50.00	

Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-22-01	THOMAS N. & SHEILA B. HURLOW THE LYRIC CENTRE [redacted] HOUSTON TX 77002	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-28-01	M. G. & MELANIE P. DONALDSON [redacted] HOUSTON TX 77055	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-28-01	JAMES I. PERKINS, JR. [redacted] HOUSTON TX 77056	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-29-01	CHERYL S. COHORN [redacted] HOUSTON, TX 77098	200.00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 11/18

2 FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-30-01	RAY SCHORNE [redacted] HOUSTON TX 77007	100-00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-30-01	JOHN G. ZGOURIDES [redacted] HOUSTON TX 77077	500-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-31-01	KENNETH A. EGALNICK [redacted] HOUSTON TX 77057	250-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-31-01	LAURA THORP [redacted] HOUSTON TX 77270	50-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-1-01	THOMAS D. TWEDT [redacted] ROCKVILLE MD 20850	200-00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 13/17

2 FILER NAME: MARK WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9.10.01	J. STEVE MOSTYN [redacted] HOUSTON TX 77007	50.00	
Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9.10.01	SCOTT S. VASQUEZ THE LYRIC CENTER [redacted] HOUSTON TX 77002	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9.12.01	LOREN C. COOK [redacted] HOUSTON TX 77002	75.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9.12.01	STEPHEN C. & M. COLLEEN ESTES [redacted] HOUSTON TX 77079	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9.12.01	MICHAEL A. CAMSON [redacted] HOUSTON TX 77079	200.00	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 12/17

2 FILER NAME: MARK WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
9-4-01	LEONARD & GINGER ANDERSON [redacted] HOUSTON TX 77055				
9-4-01	STEVENSON & AMMONS, L.L.C. [redacted] HOUSTON TX 77006	500-00			
9-6-01	THOMAS N. & SHEILA B. THURLOW THE LYRIC CENTRE [redacted] HOUSTON TX 77002	150-00			
9-10-01	JEFFRY S. ABRAMS [redacted] HOUSTON TX 77006	100-00			
9-10-01	B. ALLEN BRADY [redacted] HOUSTON TX 77007	250-00			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 13/17

2 FILER NAME: MARK WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7.10.01	J. STEVE MOSTYN [redacted] HOUSTON TX 77007	50.00	
Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7.10.01	SCOTT S. VASQUEZ THE LYRIC CENTER, [redacted] HOUSTON TX 77002	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7.12.01	LORENT COOK [redacted] HOUSTON TX 77002	750.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7.12.01	STEPHEN C. & M. COLLEEN ESTES [redacted] HOUSTON TX 77079	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7.12.01	MICHAEL A. CAMSON [redacted] HOUSTON TX 77079	200.00	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 14/17

FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7.12.01	S. JOHN ODOM [redacted] HOUSTON TX 77018	250-00	
Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7.12.01	KATHLEEN S. STONE [redacted] HOUSTON TX 77043	100-00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7.12.01	TERESA WALDROP [redacted] HOUSTON TX 77056	250-00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7.13.01	ROBERT S. KNOX [redacted] HOUSTON TX 77036	1,000-00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7.13.01	CAMERON SMITH VANN [redacted] HOUSTON TX 77056	40-00	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 15/17

2 FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9.13.01	SHELLIST, LORE & LAZARZ, LTD., L.L.P. [redacted] HOUSTON, TX 77027	250-00	

Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9.14.01	THE SHELLER LAW FIRM P.L.L.C. THE LYRIC CENTRE [redacted] HOUSTON, TX 77002	100-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9.20.01	COUSSANS CHARLES & IRENE [redacted] HOUSTON TX 77074	100-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9.20.01	JAN WOODWARD FOX [redacted] HOUSTON TX 77005	500-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9.21.01	CHAD MATTHEWS [redacted] HOUSTON TX 77025	500-00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 16/17

FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-22-01	DONALD F. MAIERSON [redacted] HOUSTON TX 77007	250-00	

Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-24-01	HOWARD D. WALKER [redacted] HOUSTON TX 77014	100-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-26-01	BILL B. CARAWAY [redacted] HOUSTON TX 77057	750-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-26-01	J. GRAHAM HILL [redacted] HOUSTON TX 77007	100-00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-27-01	CRAIG D. BALL [redacted] HOUSTON TX 77057	250-00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 17/17

2 FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9.27.01	THE FREEMAN LAW FIRM, P.C. [redacted] HOUSTON TX 77055	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8.22.01	ROBINS, CLOUD, GREENWOOD & LUBEL, L.P. [redacted] HOUSTON TX 77002	1,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

: Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

ne INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 9

ILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1.01	THE KALEIDOSCOPE GROUP, INC. 5757 WOODWAY #250 HOUSTON, TX 77057	5000-00

urpose of payment (See instructions regarding type of information quired.): ONSULTING FEES

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.01	THE KALEIDOSCOPE GROUP, INC 5757 WOODWAY #250 HOUSTON, TX 77057	3000-00

rpose of payment (See instructions regarding type of information quired.): CONSULTING FEES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5.01	THE PLAZA CLUB 910 LOUISIANA, SUITE 4960 HOUSTON TX 77002	500-00

rpose of payment (See instructions regarding type of information uired.): AMPAIGN EVENT DEPOSIT

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3.01	SOUTHWESTERN BELL P.O. BOX 3025 HOUSTON TX 77097-0078	133-22

pose of payment (See instructions regarding type of information uired.): PHONE BILL

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ted on recycled paper

Revised 04/04/2000

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 9

FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/13/01	THE KALEIDOSCOPE GROUP, INC. 5757 WOODWAY #250 HOUSTON, TX 77007	67.34

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN POSTAGE

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/13/01	POSTNET 5773 WOODWAY DR. HOUSTON TEXAS 77057	37-50

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN MAILBOX

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/18/01	KAG PRINTING, INC. 1516 SHEPERD HOUSTON TX 77007	969.92

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN INVITES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1/18/01	POSTNET 5773 WOODWAY DR. HOUSTON TX 77057	37.50

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN MAILBOX

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 9

FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
18.01	POSTNET 5773 WOODWAY DR. HOUSTON TX 77057	340-00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN POSTAGE

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
19.01	COPY.COM 1201-F WESTHEIMER HOUSTON TX 77006	1407-25

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN MAILOUT AND LISTS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
20.01	POSTNET 5773 WOODWAY HOUSTON. TX 77057	68-00

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN MAILOUT AND LISTS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
25.01	RAG PRINTING INC 1516 SHEPERD HOUSTON TX 77007	937-45

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN PRINTING

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 9

FILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
.25.01	PENELOPE GORDON 5757 WOODWAY #250 HOUSTON TX 77057	422-42

urpose of payment (See instructions regarding type of information quired.): GRAPHICS REIMBURSEMENT

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
27.01	THE KALEIDOSCOPE GROUP 5757 WOODWAY #250 HOUSTON TX 770057	2.183.14

urpose of payment (See instructions regarding type of information quired.): CAMPAIGN PRINTING EXPENSES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
27.01	HERB HOCHMAN 5110 BRAESHEATHER HOUSTON TX 77096	375-00

urpose of payment (See instructions regarding type of information quired.): CANDIDATE PHOTOGRAPH

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
.01	THE PLAZA CLUB 910 LOUISIANA, SUITE 4960 HOUSTON TX 77002	915-87

rpose of payment (See instructions regarding type of information uired.): CAMPAIGN RECEPTION

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

'OLITICAL EXPENDITURES

SCHEDULE F

ie INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5 of 9

LER NAME

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2·01	POSTNET 5773 WOODWAY HOUSTON TX 77057	68-00

rpose of payment (See instructions regarding type of information quired.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
CAMPAIGN POSTAGE	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3·01	THE KALEIDOSCOPE GROUP 5757 WOODWAY #250 HOUSTON TX 77057	1500-00

rpose of payment (See instructions regarding type of information uired.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
AMPAIGN MAILOUT	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5·01	POSTNET 5773 WOODWAY HOUSTON TX 77057	48-79

pose of payment (See instructions regarding type of information uired.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
AMPAIGN MAILOUT	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7·01	RAG PRINTING, INC. 1516 SHEPERD HOUSTON TX 77007	292-90

pose of payment (See instructions regarding type of information uired.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
UNDRAISER INVITATIONS	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

ne INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6 of 9

LER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
23.01	POSTNET 5773 WOODWAY DR HOUSTON TX 77057	43-00

rpose of payment (See instructions regarding type of information uired.) CAMPAIGN POSTAGE

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
.01	C.A. THORPE STUDIOS 121 E. 16TH, SUITE 100 HOUSTON TX 77008	378.88

pose of payment (See instructions regarding type of information uired.) GRAPHIC DESIGN

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7.01	JAY BROADFOOT 5710 WIGTON HOUSTON, TX 77096	1100-00

ose of payment (See instructions regarding type of information ired.) WEB SITE DEVELOPMENT

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ate	Payee name / Payee address; City; State; Zip Code	Amount ($)
7.01	KWIK KOPY PRINTING 6401 WOODWAY, SUITE 175 HOUSTON, TX 77057	488-31

ose of payment (See instructions regarding type of information ired.) CAMPAIGN LETTERHEAD

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

OLITICAL EXPENDITURES

SCHEDULE F

INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7 of 9

.ER NAME: MARK WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7·01	HOUSTON HEIGHTS ASSOCIATION P.O. BOX 70735 HOUSTON, TX 77270	150.00

pose of payment (See instructions regarding type of information ired.): ESTIVAL BOOTH APPLICATION FEE

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8·01	THE KALEIDOSCOPE GROUP, INC. 5757 WOODWAY #250 HOUSTON TX 77057	5000.00

pose of payment (See instructions regarding type of information ired.): ONSULTING FEES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ate	Payee name / Payee address; City; State; Zip Code	Amount ($)
0·01	KWIK COPY PRINTING P.O. BOX 70735 HOUSTON TX 77270	1715.76

ose of payment (See instructions regarding type of information ired.): AMPAIGN T-SHIRTS/ BUMPERSTICKER

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ate	Payee name / Payee address; City; State; Zip Code	Amount ($)
·01	SPRINT DIGITAL PRINT 10100 CLAY RD. HOUSTON TX 77080	2.327.38

ose of payment (See instructions regarding type of information red.): AMPAIGN YARD SIGNS.

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

d on recycled paper

Revised 04/04/2000

POLITICAL EXPENDITURES

SCHEDULE F

he INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8 of 9

ILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10·01	KINGWOOD COUNTRY CLUB 1700 LAKE KINGWOOD TRAIL KINGWOOD TX 77339	250-00

urpose of payment (See instructions regarding type of information quired.): FUNDRAISER ROOM DEPOSIT

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
13·01	HERB HOCHMAN 5110 BRAESHEATHER HOUSTON TX 77096	200-00

rpose of payment (See instructions regarding type of information quired.): COLOR HEADSHOT

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7·01	HERB HOCHMAN 5110 BRAESEATHER HOUSTON TX 77096	25-00

pose of payment (See instructions regarding type of information ired.): PHOTO DIGITIZING

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6·01	KINGWOOD CABLE ADVERTISING 4103 W. LAKE HOUSTON PKWY KINGWOOD, TX 77339	500-00

ose of payment (See instructions regarding type of information ired.): CAMPAIGN TV ADVERTISMENT

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

he INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9 OF 9

ILER NAME: MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
26.01	RAG PRINTING, INC. 1516 SHEPERD HOUSTON TEXAS 77007	550-00

urpose of payment (See instructions regarding type of information quired.): CAMPAIGN INVITES

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
27.01	XPEDITE SYSTEMS, INC. P.O. BOX 14024 NEWARK, NJ, 07198-0024	195-25

urpose of payment (See instructions regarding type of information quired.): CAMPAIGN BROADCAST FAX

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
27.01	INTERNATIONAL MAILING SYSTEMS, INC. 815 LIVE OAK HOUSTON TX 77003-3220	1,364-62

rpose of payment (See instructions regarding type of information quired.): AMPAIGN MAILOUT

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
27-01	JEWISH HERALD VOICE P.O. BOX 153 HOUSTON TX 77001-0153	370-00

pose of payment (See instructions regarding type of information uired.): AMPAIGN ADVERTISMENT

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Marc Whitehead

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 8.14.01

6 Is lender a financial Institution? Y (N)

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

8 Lender address; City; State; Zip Code: 440 Louisiana St. #675 Houston, TX 77002

9 Loan Amount ($): 15,000 00

10 Interest rate: 0

11 Maturity date

12 Description of Collateral: This short term loan is for political expenditures. ☒ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

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

Lender address; City; State; Zip Code

Is lender a financial Institution? Y N

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
	N/A	

8 Purpose of payment (See instructions regarding type of information required.)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: /

2 FILER NAME
MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	8 Amount ($)
	7 Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions Intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions Intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions Intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions Intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions Intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

exas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME
MARC WHITEHEAD

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name N/A 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME: Marc Whitehead

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	n/a		

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.