# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G   | uide explains how to complete t   |            | ID (Ethics Commission Filers                      | 2 Total pages fi                              | led:               |  |
|--|---|------------|---|---|--------------------|--|
| 3 CANDIDATE /<br>OFFICEHOLDER  | MS / MRS / MR FIRS  | ST<br>rina | мі<br><b>А</b>                                    | OFFICE US                                     | SE ONLY            |  |
| NAME   | NICKNAME LAS  |            | SUFFIX  | Date Received 6/20/2023 11:55:                | 24AM               |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address                     | ADDRESS / PO BOX; APT / SU<br>1850 Fredericksburg<br>San Antonio TX 78201                     |            | STATE; ZIP CODE                                   |   |                    |  |
| 5 CANDIDATE /<br>OFFICEHOLDER<br>PHONE   | AREA CODE PHONE NU ( 210 ) 867-734  |            | XTENSION  | Date Hand-delivered                           | or Date Postmarked |  |
| 6 CAMPAIGN<br>TREASURER  | MS / MRS / MR FIRS  | ST         | MI  | Receipt #                                     | Amount \$          |  |
| NAME   | NICKNAME LAS  |            | SUFFIX  | Date Processed 6/20/2023 11:55:2  Date Imaged | 24AM               |  |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE | STREET ADDRESS (NO PO BO 1850 Fredericksburg San Antonio TX 78201  AREA CODE PHONE NUI  ( ) - |            | #; CITY; ST                                       | ATE; ZIP CODE                                 |                    |  |
| 9 REPORT TYPE  | 8th Day Before Runoff   | f Election |   |   |                    |  |
| 10 PERIOD<br>COVERED   | Month Da <b>4/27/2</b>  |            | Month ROUGH 5/                                    | Day Year<br>31/2023                           |                    |  |
| 11 ELECTION  | ELECTION DATE  Month Day Year  6/10/2023  |            | ELECTION TYPE  Runoff Other  Description  Special |   |                    |  |
| 12 OFFICE  | OFFICE HELD (if any) None   |            | 13 OFFICE SOUGH  Council Distr                    |   |                    |  |
| GO TO PAGE 2   |   |            |   |   |                    |  |

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

#### FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME                          |   |  |                                   | 15 Filer ID (Ethics Commission Filers)                                       |  |
|---------------------------------------|---|--|-----------------------------------|--|--|
| Marina A Gavito                       |   |  |                                   |  |  |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |  |                                   |  |  |
|                                       | COMMITTEE TYPE  | COMMITTEE NAME   |                                   |  |  |
|                                       | San Antonio Equity Alliance PAC   |  |                                   |  |  |
|                                       | X GENERAL COMMITTEE ADDRESS   |  |                                   |  |  |
|                                       |   | PO Box 12156   |                                   |  |  |
|                                       | SPECIFIC  | San Antonio TX 782   | 212                               | 4  |  |
| Additional Pages                      |   | COMMITTEE CAMPA  Darryl Byrd   | IIGN TREASURER NAME               |  |  |
|                                       | İ   | COMMITTEE CAMPA  | IGN TREASURER ADDRESS             |  |  |
|                                       |   | PO Box 12156   |                                   |  |  |
|                                       |   | San Antonio TX 782   | 212                               |  |  |
| 17 CONTRIBUTION TOTALS                | 1. PLEDGES, LO  | I<br>EMIZED POLITICAL CONT<br>DANS, OR GUARANTEES<br>ONS MADE ELECTRONIC |                                   | \$ 1000.00   |  |
|                                       | _ <del></del>   | TICAL CONTRIBUTIONS<br>N PLEDGES, LOANS, OR                              | GUARANTEES OF LOANS)              | \$ 52325.00  |  |
| EXPENDITURE<br>TOTALS                 | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.   |  |                                   | \$ o   |  |
|                                       | 4. TOTAL POLIT  | TICAL EXPENDITURES   |                                   | \$ 46930.69  |  |
| CONTRIBUTION<br>BALANCE               | 5. TOTAL POLIT  |  | MAINTAINED AS OF THE LAST DAY     | \$ 23886.58  |  |
| OUTSTANDING<br>LOAN TOTALS            | J 0.  | CIPAL AMOUNT OF ALL OF THE REPORTING PERIC                               | OUTSTANDING LOANS AS OF THE<br>DD | \$ 2075.00   |  |
| 18 AFFIDAVIT                          |   |  |                                   |  |  |
|                                       |   |  |                                   | perjury, that the accompanying report information required to be reported by |  |
|                                       |   |  | * * * Electronically              | Certified * * *  |  |
|                                       |   |  | Signature of Candidat             | _  |  |
| AFFIX NOTARY STAM                     | P / SEAL ABOVE  |  |                                   |  |  |
| Sworn to and subscribe                | ed before me, by the sa   | aid <b>Marina A Gavit</b>  | to                                | . this the <b>20th</b> day   |  |
|                                       | •   | which, witness my hand   |                                   | ,  |  |
|                                       |   |  |                                   |  |  |
|                                       |   |  |                                   |  |  |
| Signature of officer adm              | ninistering oath  | Printed name of o  | officer administering oath        | Title of officer administering oath  |  |

## **SUBTOTALS - COH**

## FORM C/OH COVER SHEET PG 3

| 19  | FILER NAME  | 20 Filer ID (Ethics Commission Filers)                                |              |  |  |  |  |
|-----|---|---|--------------|--|--|--|--|
|     | Marina A Gavito   |   |              |  |  |  |  |
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                  |   |              |  |  |  |  |
| 1.  | X SCHEDULE A1: MONETARY POLITICAL CON                   | TRIBUTIONS  | \$ 49825.00  |  |  |  |  |
| 2.  | X SCHEDULE A2: NON-MONETARY (IN-KIND) F                 | POLITICAL CONTRIBUTIONS   | \$ 2500.00   |  |  |  |  |
| 3.  | X SCHEDULE B: PLEDGED CONTRIBUTIONS                     |   | \$0          |  |  |  |  |
| 4.  | X SCHEDULE E: LOANS                                     | \$0   |              |  |  |  |  |
| 5.  | X SCHEDULE F1: POLITICAL EXPENDITURES                   | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS |              |  |  |  |  |
| 6.  | X SCHEDULE F2: UNPAID INCURRED OBLIGATION               | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                              |              |  |  |  |  |
| 7.  | X SCHEDULE F3: PURCHASE OF INVESTMENT                   | TS MADE FROM POLITICAL CONTRIBUTIO                                    | ONS \$0      |  |  |  |  |
| 8.  | X SCHEDULE F4: EXPENDITURES MADE BY C                   | REDIT CARD  | \$0          |  |  |  |  |
| 9.  | X SCHEDULE G: POLITICAL EXPENDITURES M                  | MADE FROM PERSONAL FUNDS  | \$0          |  |  |  |  |
| 10. | X SCHEDULE H: PAYMENT MADE FROM POLIT                   | TICAL CONTRIBUTIONS TO A BUSINESS C                                   | DF C/OH \$ 0 |  |  |  |  |
| 11. | X SCHEDULE I: NON-POLITICAL EXPENDITUR                  | ES MADE FROM POLITICAL CONTRIBUTION                                   | DNS \$0      |  |  |  |  |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, RETURNED TO FILER | REFUNDS, AND CONTRIBUTIONS  | \$0          |  |  |  |  |

#### SCHEDULE A1

|   | Т                                | he Instruction Guide explains how t                               | o complete this | form.                                       | 1 Total pages Schedule A1:<br>1 of 37 |
|---|----------------------------------|---|-----------------|---|---------------------------------------|
| 2 | FILER NAME  Marina A Gavito      | ,   |                 |   | 3 Filer ID (Ethics Commission Filers) |
| 4 | Date<br>4/27/2023                | 5 Full name of contributor<br>Michael Dominguez                   | out-of-state P  | AC (ID#)                                    | 7 Amount of contribution (\$) 50.00   |
|   |                                  | 6 Contributor address;<br>1439 Curtin St.<br>Houston, TX 77018    | City;           | State; Zip Code                             |                                       |
| 8 | Principal occupa Attorney        | tion / Job title (See instructions)                               |                 | 9 Employer (See instru<br>Waterhouse Domine |                                       |
|   | Date<br>4/27/2023                | Full name of contributor  Michael Dominguez                       | out-of-state P  | AC (ID#)                                    | Amount of contribution (\$) 50.00     |
|   |                                  | Contributor address;<br>1439 Curtin St.<br>Houston, TX 77018      | City;           | State; Zip Code                             |                                       |
|   | Principal occupa Attorney        | tion / Job title (See instructions)                               |                 | Employer (See instru<br>Waterhouse Domine   |                                       |
|   | Date<br>4/29/2023                | Full name of contributor  ALMA BELFIELD                           | out-of-state P  | AC (ID#_ <b>N</b> )                         | Amount of contribution (\$) 500.00    |
|   |                                  | Contributor address;<br>8357 ROCHELLE RD<br>San Antonio, TX 78240 | City;           | State; Zip Code                             |                                       |
|   | Principal occupa  Computer Engli | tion / Job title (See instructions) neer                          |                 | Employer (See instru                        | uctions)                              |
|   | Date<br>4/29/2023                | Full name of contributor  Martha Wolins                           | out-of-state P/ | AC (ID#_ <b>N</b> )                         | Amount of contribution (\$) 500.00    |
|   |                                  | Contributor address;<br>8357 ROCHELLE RD<br>SAN ANTONIO, TX 78240 | City;           | State; Zip Code                             |                                       |
|   | Principal occupa  Healthcare     | tion / Job title (See instructions)                               |                 | Employer (See instru<br>Martha Wolins       | uctions)                              |
|   |                                  |   |                 |   |                                       |

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#### SCHEDULE A1

|   | Т                            | he Instruction Guide explains how to complete this                    | 1 Total pages Schedule A1:<br>2 of 37         |                                       |
|---|------------------------------|---|---|---------------------------------------|
| 2 | FILER NAME  Marina A Gavito  | <b>o</b>  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 | Date <b>5/1/2023</b>         | 5 Full name of contributor ☐ out-of-state PA  Javier Paredes          | AC (ID#)                                      | 7 Amount of contribution (\$) 250.00  |
|   |                              | 2603 Country Square Street<br>San Antonio, TX 78209                   | , ,   |                                       |
| 8 | Principal occupa Architect   | ation / Job title (See instructions)                                  | 9 Employer (See instru<br>Studio Massivo      | ctions)                               |
|   | Date<br>5/1/2023             | Full name of contributor  | AC (ID#)                                      | Amount of contribution (\$) 100.00    |
|   |                              | Contributor address; City; S 211 Northaven Dr San Antonio, TX 78229   | State; Zip Code                               |                                       |
|   | Principal occupa<br>Banker   | ation / Job title (See instructions)                                  | Employer (See instru United Texas Credit      | •                                     |
|   | Date 5/2/2023                | Full name of contributor  | AC (ID#_N)                                    | Amount of contribution (\$) 500.00    |
|   | Principal occupa             | ation / Job title (See instructions)                                  | Employer (See instru<br>n/a                   | octions)                              |
|   | Date 5/2/2023                | Full name of contributor  | AC (ID#_ <b>N</b> )                           | Amount of contribution (\$) 500.00    |
|   |                              | Contributor address; City; S 1409 Quaker ridge Drive Austin, TX 78746 | State; Zip Code                               |                                       |
|   | Principal occupa<br>Printing | ation / Job title (See instructions)                                  | Employer (See instru<br><b>Kelly Graphics</b> | ctions)                               |
|   |                              |   |   |                                       |

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#### SCHEDULE A1

|   | т                           | he Instruction Guide explains how                             | to complete this                    | form.                                     | 1 Total pages Schedule A1:<br>3 of 37 |
|---|-----------------------------|---|-------------------------------------|---|---------------------------------------|
| 2 | FILER NAME  Marina A Gavito | )   |                                     |   | 3 Filer ID (Ethics Commission Filers) |
| 4 | Date 5/2/2023               | 5 Full name of contributor Sandra Martinez                    | out-of-state P/                     | AC (ID# N )                               | 7 Amount of contribution (\$) 500.00  |
|   |                             | 312 Pearl Parkway #4909<br>San Antonio, TX 78215              |                                     |   |                                       |
| 8 | Principal occupa Self       | tion / Job title (See instructions)                           |                                     | 9 Employer (See instru<br>Legal Marketing | uctions)                              |
|   | Date 5/2/2023               | Full name of contributor Ashley Kelly                         | out-of-state P                      | AC (ID#_ <b>N</b> )                       | Amount of contribution (\$) 500.00    |
|   |                             | Contributor address; 1409 Quaker Ridge Drive Austin, TX 78746 | City;                               | State; Zip Code                           |                                       |
|   | Principal occupa<br>retired | tion / Job title (See instructions)                           |                                     | Employer (See instru                      | uctions)                              |
|   | Date 5/2/2023               | Full name of contributor  Eugene Marck                        | out-of-state P/                     | AC (ID#)                                  | Amount of contribution (\$) 100.00    |
|   |                             | Contributor address; 345 Argyle Ave San Antonio, TX 78209     | City;                               | State; Zip Code                           |                                       |
|   | Principal occupa<br>retired | tion / Job title (See instructions)                           | Employer (See instructions) retired |   | uctions)                              |
|   | Date 5/3/2023               | Full name of contributor  Catarino Aranda                     | out-of-state P                      | AC (ID#_ <b>N</b> )                       | Amount of contribution (\$) 100.00    |
|   |                             | Contributor address; 9602 Rochelle Rd SAN ANTONIO, TX 78240   | City;                               | State; Zip Code                           |                                       |
|   | Principal occupa Retired    | tion / Job title (See instructions)                           |                                     | Employer (See instru                      | uctions)                              |
|   |                             |   |                                     |   |                                       |

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#### SCHEDULE A1

|   | 1                             | he Instruction Guide explains how to complete this                    | form.                                  | 1 Total pages Schedule A1:<br>4 of 37    |
|---|-------------------------------|---|--|--|
| 2 | FILER NAME  Marina A Gavito   | )   |  | 3 Filer ID (Ethics Commission Filers)    |
| 4 | Date<br>5/7/2023              | 5 Full name of contributor  | C (ID#_N)                              | 7 Amount of contribution (\$) 500.00     |
|   |                               | 6 Contributor address; City; S 4709 Sara Dr Austin, TX 78721          | State; Zip Code                        |  |
| 8 | Principal occupa Account lead | ation / Job title (See instructions)                                  | 9 Employer (See instru                 | actions)                                 |
|   | Date<br>5/7/2023              | Full name of contributor  | C (ID#_N)                              | Amount of contribution (\$) <b>50.00</b> |
|   |                               | Contributor address; City; S 2311 Willow Austin, TX 78702-5625        | State; Zip Code                        |  |
|   | Principal occupa Councilman   | ation / Job title (See instructions)                                  | Employer (See instru<br>City of Austin | ictions)                                 |
|   | Date <b>5/7/2023</b>          | Full name of contributor  | C (ID#_ <b>N</b> )                     | Amount of contribution (\$) <b>50.00</b> |
|   |                               | Contributor address; City; S 10027 Alms Park Dr San Antonio, TX 78250 | State; Zip Code                        |  |
|   | Principal occupa              | ation / Job title (See instructions)                                  | Employer (See instru                   | ictions)                                 |
|   | Date<br><b>5/8/2023</b>       | Full name of contributor  | C (ID#_N)                              | Amount of contribution (\$) 100.00       |
|   |                               | Contributor address; City; S 123 Padgitt Dr SAN ANTONIO, TX 78228     | State; Zip Code                        |  |
|   | Principal occupa<br>Retired   | ation / Job title (See instructions)                                  | Employer (See instru<br>Retired        | actions)                                 |
|   |                               |   |  |  |
|   |                               |   |  |  |

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

#### SCHEDULE A1

|   | т                             | he Instruction Guide explains how t                                       | to complete this         | form.                             | 1 Total pages Schedule A1:<br>5 of 37     |  |
|---|-------------------------------|---|--------------------------|-----------------------------------|---|--|
| 2   | FILER NAME  Marina A Gavito   | )   |                          |                                   | 3 Filer ID (Ethics Commission Filers)     |  |
| 4   | Date<br>5/8/2023              | 5 Full name of contributor<br>Vote for Manny Campaign                     | out-of-state PA          | AC (ID#_ <b>N</b> )               | 7 Amount of contribution (\$) 500.00      |  |
|   |                               | 6 Contributor address;<br>3522 Paesanos Pky #301<br>SAN ANTONIO, TX 78231 | City;                    | State; Zip Code                   |   |  |
| 8   | Principal occupa              | tion / Job title (See instructions)                                       |                          | 9 Employer (See instructions) n/a |   |  |
|   | Date 5/8/2023                 | Full name of contributor Norma Rodriguez                                  | out-of-state PA          | AC (ID#_ <b>N</b> )               | Amount of contribution (\$) <b>500.00</b> |  |
|   |                               | Contributor address; 2101 West Summit Avenue San Antonio, TX 78201        | City;                    | State; Zip Code                   |   |  |
| Principal occupation / Job title (See instructions) retired |                               | Employer (See instructions) retired                                       |                          | actions)                          |   |  |
|   | Date 5/9/2023                 | Full name of contributor  John Agather                                    | Out-of-state PAC (ID#_N) |                                   | Amount of contribution (\$) <b>500.00</b> |  |
|   |                               | Contributor address; 300 West French Pl San Antonio, TX 78212             | City;                    | State; Zip Code                   |   |  |
|   | Principal occupa  Musician    | tion / Job title (See instructions)                                       |                          | Employer (See instru<br>Self      | ictions)                                  |  |
|   | Date 5/10/2023                | Full name of contributor  Kristin Gavito                                  | out-of-state PA          | AC (ID#_ <b>N</b> )               | Amount of contribution (\$) 500.00        |  |
|   |                               | Contributor address; 10620 Bridlewood Trail Boerne, TX 78006              | City;                    | State; Zip Code                   |   |  |
|   | Principal occupa Stay at home | tion / Job title (See instructions)                                       |                          | Employer (See instru<br>N/A       | ictions)                                  |  |
|   |                               |   |                          |                                   |   |  |

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#### SCHEDULE A1

|   | т                           | he Instruction Guide explains how to co                          | mplete this f      | form.                                     | 1 Total pages Schedule A1:<br>6 of 37     |
|---|-----------------------------|--|--------------------|---|---|
| 2   | FILER NAME  Marina A Gavito | )  |                    |   | 3 Filer ID (Ethics Commission Filers)     |
| 4   | Date 5/10/2023              | 5 Full name of contributor □ c Patricia Gavito                   | out-of-state PA    | C (ID#_ <b>N</b> )                        | 7 Amount of contribution (\$) 500.00      |
|   |                             | 6 Contributor address; PO Box 5962 Brownsville, TX 78523         | City; S            | tate; Zip Code                            |   |
| 8   | Principal occupa<br>Retired | tion / Job title (See instructions)                              |                    | Employer (See instru     Retired          | ctions)                                   |
|   | Date 5/10/2023              | Full name of contributor   | out-of-state PA    | C (ID#_ <b>N</b> )                        | Amount of contribution (\$) 500.00        |
|   |                             | Contributor address; PO Box 5962 Brownsville, TX 78523           | City; S            | tate; Zip Code                            |   |
|   | Principal occupa Retired    | tion / Job title (See instructions)                              |                    | Employer (See instru<br>Retired           | ctions)                                   |
| Date Full name of contributor ☐ out-of-state PA  5/10/2023 Ricardo Ruenes |                             | out-of-state PA  | C (ID#_ <b>N</b> ) | Amount of contribution (\$) <b>500.00</b> |   |
|   |                             | Contributor address; 2624 Village Dr Brownsville, TX 78521       | City; S            | tate; Zip Code                            |   |
|   | Principal occupa Retired    | tion / Job title (See instructions)                              |                    | Employer (See instru<br>Retired           | ctions)                                   |
|   | Date 5/10/2023              | Full name of contributor   | out-of-state PA    | C (ID#_ <b>N</b> )                        | Amount of contribution (\$) <b>500.00</b> |
|   |                             | Contributor address;<br>2624 Village Dr<br>Brownsville, TX 78521 | City; S            | tate; Zip Code                            |   |
|   | Principal occupa<br>Retired | tion / Job title (See instructions)                              |                    | Employer (See instru<br>Retired           | ctions)                                   |
|   |                             |  |                    |   |   |
|   |                             |  |                    |   |   |

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#### SCHEDULE A1

| 1  | The Instruction Guide explains how t   | to complete this   | form.  | 1 Total pages Schedule A1:<br>7 of 37  |
|--|--|--|--|--|
| FILER NAME  Marina A Gavite  | 0  |  |  | 3 Filer ID (Ethics Commission Filers)  |
| Date 5/10/2023   | 5 Full name of contributor Paul Basaldua   | out-of-state P   | AC (ID#_ <b>N</b> )  | 7 Amount of contribution (\$) 500.00   |
|  | 6 Contributor address;<br>3 Woltwood<br>San Antonio, TX 78248  | City;  | State; Zip Code  |  |
| Principal occupa   | ation / Job title (See instructions)   |  | 9 Employer (See instru<br>VersaTerra Develop   | •  |
| Date 5/10/2023   | Full name of contributor Michael Gavito  | out-of-state P   | AC (ID#_ <b>N</b> )  | Amount of contribution (\$) 500.00   |
|  | Contributor address; 10620 Bridlewood Trail Boerne, TX 78006   | City;  | State; Zip Code  |  |
| Principal occupa Attorney  | ation / Job title (See instructions)   |  | Employer (See instru   | uctions)   |
| Date 5/11/2023   | Full name of contributor Andi Rodriguez  | □ out-of-state PAC (ID#_ <b>N</b> )  |  | Amount of contribution (\$) 100.00   |
|  | Contributor address;  222 East Houston Street  San Antonio, TX 78205   | City;  | State; Zip Code  |  |
|  |  |  | Employer (See instru<br>Centro SA  | uctions)   |
| Date 5/11/2023   | Full name of contributor  Laura Volluz   | out-of-state P   | AC (ID#_ <b>N</b> )  | Amount of contribution (\$) 100.00   |
|  | Contributor address; 7309 Aemilian Way San Antonio, TX 78730   | City;  | State; Zip Code  |  |
| Principal occupation / Job title (See instructions) Self Employeed |  | Employer (See instructions) Pescador Public Strategies   |  | ,  |
|  |  |  |  |  |
|  | Principal occupa Attorney  Date 5/11/2023  Principal occupa Attorney  Date 5/11/2023  Principal occupa Cultural Placen  Date 5/11/2023 | FILER NAME Marina A Gavito  Date 5/10/2023  6 Contributor address; 3 Woltwood San Antonio, TX 78248  Principal occupation / Job title (See instructions) Real Estate  Date 5/10/2023  Full name of contributor Michael Gavito  Contributor address; 10620 Bridlewood Trail Boerne, TX 78006  Principal occupation / Job title (See instructions) Attorney  Date 5/11/2023  Full name of contributor Andi Rodriguez  Contributor address; 222 East Houston Street San Antonio, TX 78205  Principal occupation / Job title (See instructions) Cultural Placemaking  Date 5/11/2023  Full name of contributor Laura Volluz  Contributor address; 7309 Aemilian Way San Antonio, TX 78730  Principal occupation / Job title (See instructions) | FILER NAME  Marina A Gavito  Date 5 Full name of contributor Paul Basaldua  6 Contributor address; 3 Woltwood San Antonio, TX 78248  Principal occupation / Job title (See instructions) Real Estate  Date 5/10/2023  Full name of contributor Contributor address; 10620 Bridlewood Trail Boerne, TX 78006  Principal occupation / Job title (See instructions) Attorney  Date 5/11/2023  Full name of contributor Andi Rodriguez  Contributor address; 222 East Houston Street San Antonio, TX 78205  Principal occupation / Job title (See instructions)  Cultural Placemaking  Date Full name of contributor Laura Volluz  Contributor address; 7309 Aemilian Way San Antonio, TX 78730  Principal occupation / Job title (See instructions) | Marina A Gavito         Date 5/10/2023       5 Full name of contributor Paul Basaldua       □ out-of-state PAC (ID# N □ )         6 Contributor address; 3 Woltwood San Antonio, TX 78248       City; State; Zip Code         Principal occupation / Job title (See instructions)         Real Estate       9 Employer (See instructions)         Date Full name of contributor Michael Gavito         Contributor address; 10620 Bridlewood Trail Boerne, TX 78006         Principal occupation / Job title (See instructions) Attorney       Employer (See instructions) Gravely PC         Date Full name of contributor Andi Rodriguez       □ out-of-state PAC (ID# N □ )         Contributor address; 222 East Houston Street San Antonio, TX 78205       City; State; Zip Code         Principal occupation / Job title (See instructions)         Cultural Placemaking       □ out-of-state PAC (ID# N □ )         Date Full name of contributor Laura Volluz       □ out-of-state PAC (ID# N □ )         Contributor address; 7309 Aemilian Way San Antonio, TX 78730       City; State; Zip Code         Principal occupation / Job title (See instructions)       Employer (See instructions)         Employer (See instructions)         Employer (See instructions) |

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#### SCHEDULE A1

|  | т                                | he Instruction Guide explains how t                                      | to complete this | form.   | 1 Total pages Schedule A1:<br>8 of 37     |
|--|----------------------------------|--|------------------|---|---|
| 2  | FILER NAME  Marina A Gavito      | )  |                  |   | 3 Filer ID (Ethics Commission Filers)     |
| 4  | Date <b>5/11/2023</b>            | 5 Full name of contributor Armen Babajanian                              | out-of-state P   | AC (ID#_ <b>N</b> )                           | 7 Amount of contribution (\$) 50.00       |
|  |                                  | 6 Contributor address;<br>12031 Stoney Crossing<br>San Antonio, TX 78247 | City;            | State; Zip Code                               |   |
| 8  | Principal occupa Chief Executive | tion / Job title (See instructions)  Officer                             |                  | 9 Employer (See instru<br>World Affairs Counc | -   |
|  | Date 5/12/2023                   | Full name of contributor  Edwin N Fulghum                                | out-of-state P   | AC (ID#_ <b>N</b> )                           | Amount of contribution (\$) 500.00        |
|  |                                  | Contributor address; 5707 Mystic Bnd Brownsville, TX 78526               | City;            | State; Zip Code                               |   |
| Principal occupation / Job title (See instructions)  President |                                  |  |                  | Employer (See instru<br>Sierra Title          | uctions)                                  |
|  | Date 5/12/2023                   | Full name of contributor<br>Lupita Fulghum                               | out-of-state Pa  | AC (ID#)                                      | Amount of contribution (\$) <b>500.00</b> |
|  |                                  | Contributor address; 5707 Mystic Bnd Brownsville, TX 78526               | City;            | State; Zip Code                               |   |
|  | Principal occupa                 | tion / Job title (See instructions)                                      |                  | Employer (See instru                          | uctions)                                  |
|  | Date 5/12/2023                   | Full name of contributor<br>George E E Gavito                            | out-of-state P   | AC (ID#_ <b>N</b> )                           | Amount of contribution (\$) 500.00        |
|  |                                  | Contributor address; 3005 Old Alice Rd #500 Brownsville, TX 78521        | City;            | State; Zip Code                               |   |
|  | Principal occupa Retired         | tion / Job title (See instructions)                                      |                  | Employer (See instru<br>Retired               | uctions)                                  |
|  |                                  |  |                  |   |   |

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

#### SCHEDULE A1

|  | т                           | he Instruction Guide explains how t   | to complete this | form.                                       | 1 Total pages Schedule A1:<br>9 of 37     |
|--|-----------------------------|---|------------------|---|---|
| 2  | FILER NAME  Marina A Gavito | )   |                  |   | 3 Filer ID (Ethics Commission Filers)     |
| 4  | Date <b>5/12/2023</b>       | 5 Full name of contributor<br>Leticia Van De Putte                          | out-of-state PA  | AC (ID#_ <b>N</b> )                         | 7 Amount of contribution (\$) 500.00      |
|  |                             | 6 Contributor address;<br>222 Herweck Dr<br>San Antonio, TX 78213           | City;            | State; Zip Code                             |   |
| 8  | Principal occupa President  | tion / Job title (See instructions)   |                  | 9 Employer (See instru<br>Andrade-VanDePutt | •   |
|  | Date<br>5/12/2023           | Full name of contributor <b>Lynn Watson</b>                                 | out-of-state PA  | AC (ID#_ <b>N</b> )                         | Amount of contribution (\$) 500.00        |
|  |                             | Contributor address; 206 Alta Vista Drive San Marcos, TX 78666              | City;            | State; Zip Code                             |   |
| Principal occupation / Job title (See instructions) Employer (See in Attorney Snell Law Firm |                             | Employer (See instru<br>Snell Law Firm                                      | ctions)          |   |   |
|  | Date<br>5/12/2023           | Full name of contributor  Marina Monsisvais                                 | Out-of-state PA  | AC (ID#_ <b>N</b> )                         | Amount of contribution (\$) <b>100.00</b> |
|  |                             | Contributor address; 2209 Pittsburg El Paso, TX 79930                       | City;            | State; Zip Code                             |   |
|  | Principal occupa<br>CEO     | tion / Job title (See instructions)   |                  | Employer (See instru<br>Barracuda PR        | ctions)                                   |
|  | Date 5/12/2023              | Full name of contributor  John Rouse  | out-of-state PA  | AC (ID#_ <b>N</b> )                         | Amount of contribution (\$) <b>25.00</b>  |
|  |                             | Contributor address;<br>405 Canterbury Hill Street<br>San Antonio, TX 78209 | City; S          | State; Zip Code                             |   |
|  | Principal occupa Attorney   | tion / Job title (See instructions)   |                  | Employer (See instru<br>Langley & Banack, I | •   |
|  |                             |   |                  |   |   |
|  |                             |   |                  |   |   |

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#### SCHEDULE A1

|   | 1                           | The Instruction Guide explains how                           | to complete this | form.                                      | 1 Total pages Schedule A1:<br>10 of 37    |
|---|-----------------------------|--|------------------|--|---|
| 2 | FILER NAME  Marina A Gavite | 0  |                  |  | 3 Filer ID (Ethics Commission Filers)     |
| 4 | Date 5/12/2023              | 5 Full name of contributor Alonso Jasso                      | out-of-state P   | AC (ID# N )  State; Zip Code               | 7 Amount of contribution (\$) 50.00       |
|   |                             | 10423 Blackstone Crk<br>San Antonio, TX 78254                |                  |  |   |
| 8 | Principal occupa            | ation / Job title (See instructions)                         |                  | 9 Employer (See instru                     | uctions)                                  |
|   | Date 5/12/2023              | Full name of contributor  Henry Van de Putte III             | out-of-state P   | AC (ID#_ <b>N</b> )                        | Amount of contribution (\$) <b>500.00</b> |
|   |                             | Contributor address; 803 W Oltorf St Austin, TX 78704        | City;            | State; Zip Code                            |   |
|   | Principal occupa            | ation / Job title (See instructions)                         |                  | Employer (See instru<br>Meals on Wheels Co | •   |
|   | Date 5/13/2023              | Full name of contributor  Catarino Aranda                    | ☐ out-of-state P | AC (ID#_ <b>N</b> )                        | Amount of contribution (\$) 100.00        |
|   |                             | Contributor address; 9602 Rochelle Rd SAN ANTONIO, TX 78240  | City;            | State; Zip Code                            |   |
|   | Principal occupa Retired    | ation / Job title (See instructions)                         |                  | Employer (See instru<br>Retired            | uctions)                                  |
|   | Date 5/13/2023              | Full name of contributor Elisa Bernal                        | out-of-state P   | AC (ID#_ <b>N</b> )                        | Amount of contribution (\$) <b>500.00</b> |
|   |                             | Contributor address; 3010 Whisper Fern San Antonio, TX 78230 | City;            | State; Zip Code                            |   |
|   | Principal occupa Retired    | ation / Job title (See instructions)                         |                  | Employer (See instru<br>Retired            | uctions)                                  |
|   |                             |  |                  |  |   |

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#### SCHEDULE A1

|   | ٦                           | The Instruction Guide explains how t                                    | to complete this                 | form.                             | 1 Total pages Schedule A1:<br>11 of 37 |
|---|-----------------------------|---|----------------------------------|-----------------------------------|--|
| 2 | FILER NAME  Marina A Gavite | 0   |                                  |                                   | 3 Filer ID (Ethics Commission Filers)  |
| 4 | Date 5/14/2023              | 5 Full name of contributor<br>Mercedes Albertos                         | out-of-state PA                  | AC (ID#_ <b>N</b> )               | 7 Amount of contribution (\$) 500.00   |
|   |                             | 6 Contributor address;<br>1781 Mtn Laurel Lane<br>Brownsville, TX 78526 | City;                            | State; Zip Code                   |  |
| 8 | Principal occupa Retired    | ation / Job title (See instructions)                                    |                                  | 9 Employer (See instru<br>Retired | ictions)                               |
|   | Date 5/14/2023              | Full name of contributor  Eugene Gavito                                 | out-of-state PA                  | AC (ID#_ <b>N</b> )               | Amount of contribution (\$) 500.00     |
|   |                             | Contributor address; 201 S. Taylor Rd. #2 SAN ANTONIO, TX 78501         | City;                            | State; Zip Code                   |  |
|   | Principal occupa            | ation / Job title (See instructions)                                    |                                  | Employer (See instru<br>Retired   | ictions)                               |
|   | Date 5/14/2023              | Full name of contributor  Lyssa Ochoa                                   | out-of-state PA                  | AC (ID#_ <b>N</b> )               | Amount of contribution (\$) 500.00     |
|   |                             | Contributor address; 708 Canterbury Hill Street San Antonio, TX 78209   | City;                            | State; Zip Code                   |  |
|   | Principal occupa Physican   | ation / Job title (See instructions)                                    | Employer (See instructions) Self |                                   | actions)                               |
|   | Date 5/15/2023              | Full name of contributor  Bret Piatt                                    | Out-of-state PA                  | AC (ID#_ <b>N</b> )               | Amount of contribution (\$) 100.00     |
|   |                             | Contributor address; 3627 Boulder Peak Street San Antonio, TX 78247     | City;                            | State; Zip Code                   |  |
|   | Principal occupa Technology | ation / Job title (See instructions)                                    |                                  | Employer (See instru              | uctions)                               |
|   |                             |   |                                  |                                   |  |

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#### SCHEDULE A1

|   | т                           | he Instruction Guide explains how to complete this                         | form.  | 1 Total pages Schedule A1:<br>12 of 37    |
|---|-----------------------------|--|--|---|
| 2 | FILER NAME  Marina A Gavito | )  |  | 3 Filer ID (Ethics Commission Filers)     |
| 4 | Date 5/15/2023              | 5 Full name of contributor   | AC (ID#_ <b>N</b> )                            | 7 Amount of contribution (\$)<br>100.00   |
|   |                             | 6 Contributor address; City; Stanta Ursula San Antonio, TX 78023           | State; Zip Code                                |   |
| 8 | Principal occupa President  | tion / Job title (See instructions)  | 9 Employer (See instru<br>Central Catholic Hig | -   |
|   | Date 5/15/2023              | Full name of contributor   | AC (ID#_ <b>N</b> )                            | Amount of contribution (\$) <b>500.00</b> |
|   |                             | Contributor address; City; S 25219 Doral Crest San Antonio, TX 78260       | State; Zip Code                                |   |
|   | Principal occupa Attorney   | tion / Job title (See instructions)  | Employer (See instru<br>Self                   | ctions)                                   |
|   | Date 5/15/2023              | Full name of contributor   | AC (ID#_ <b>N</b> )                            | Amount of contribution (\$) <b>250.00</b> |
|   |                             | Contributor address; City; S 118 Park Hill Dr San Antonio, TX 78212        | State; Zip Code                                |   |
|   | Principal occupa retired    | tion / Job title (See instructions)  | Employer (See instru                           | ctions)                                   |
|   | Date 5/15/2023              | Full name of contributor   | AC (ID#_ <b>N</b> )                            | Amount of contribution (\$) 500.00        |
|   |                             | Contributor address; City; S 211 Honeysuckle Ln San Antonio, TX 78213-2616 | State; Zip Code                                |   |
|   |                             | tion / Job title (See instructions)  | Employer (See instru                           | ctions)                                   |
|   | Owner                       |  | DreamOn Group                                  |   |
|   |                             |  |  |   |
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#### SCHEDULE A1

|   | т                              | he Instruction Guide explains how to complete this  | form.                                    | 1 Total pages Schedule A1:<br>13 of 37  |
|---|--------------------------------|---|--|---|
| 2 | FILER NAME  Marina A Gavito    | )   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 | Date <b>5/15/2023</b>          | 5 Full name of contributor ☐ out-of-state PA  Heather Chandler  | C (ID#_N)                                | 7 Amount of contribution (\$)<br>100.00 |
| 8 | Principal occupa Founder/CEO   | ation / Job title (See instructions)  | 9 Employer (See instru<br>The IMG Studio | actions)                                |
|   | Date<br>5/15/2023              | Full name of contributor  | C (ID#_N) State; Zip Code                | Amount of contribution (\$) 100.00      |
|   | Principal occupa<br>unemployed | ation / Job title (See instructions)  | Employer (See instru<br>unemployed       | actions)                                |
|   | Date 5/17/2023                 | Full name of contributor  out-of-state PA SA Apartment Association PAC Contributor address; City; S 7525 Babcock Rd SAN ANTONIO, TX 78249 | C (ID#_N) State; Zip Code                | Amount of contribution (\$) 500.00      |
|   | Principal occupa               | ation / Job title (See instructions)  | Employer (See instru                     | octions)                                |
|   | Date 5/17/2023                 | Full name of contributor  | C (ID#_N)                                | Amount of contribution (\$) 500.00      |
|   | Principal occupa  Construction | ation / Job title (See instructions)  | Employer (See instru                     | actions)                                |
|   |                                |   |  |   |

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#### SCHEDULE A1

|   | T                             | he Instruction Guide explains how                                       | to complete this | form.                                   | 1 Total pages Schedule A1:<br>14 of 37 |
|---|-------------------------------|---|------------------|---|--|
| 2 | FILER NAME  Marina A Gavito   | ,   |                  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 | Date 5/18/2023                | 5 Full name of contributor<br>Giselle Alvarez                           | Out-of-state P   | AC (ID#_ <b>N</b> )                     | 7 Amount of contribution (\$) 500.00   |
|   |                               | 6 Contributor address;<br>3615 Hyland Frost<br>SAN ANTONIO, TX 78257    | City;            | State; Zip Code                         |  |
| 8 | Principal occupa  Dentist     | tion / Job title (See instructions)                                     |                  | 9 Employer (See instru<br>Campos Dental | uctions)                               |
|   | Date 5/18/2023                | Full name of contributor  Carlos Alvarez                                | Out-of-state P   | AC (ID#_ <b>N</b> )                     | Amount of contribution (\$) 500.00     |
|   |                               | Contributor address; 3615 Hyland Frost SAN ANTONIO, TX 78257            | City;            | State; Zip Code                         |  |
|   | Principal occupa Ops Director | tion / Job title (See instructions)                                     |                  | Employer (See instru<br><b>Xpel</b>     | uctions)                               |
|   | Date 5/18/2023                | Full name of contributor  Mary Hogan                                    | out-of-state P   | AC (ID#_ <b>N</b> )                     | Amount of contribution (\$) 500.00     |
|   |                               | Contributor address; 1535 Yosemite Oaks Cir SAN ANTONIO, TX 78213       | City;            | State; Zip Code                         |  |
|   | Principal occupa  Educator    | tion / Job title (See instructions)                                     |                  | Employer (See instru                    | uctions)                               |
|   | Date 5/18/2023                | Full name of contributor  Michael Hogan                                 | out-of-state P   | AC (ID#_ <b>N</b> )                     | Amount of contribution (\$) 500.00     |
|   |                               | Contributor address;<br>1535 Yosemite Oaks Cir<br>SAN ANTONIO, TX 78213 | City;            | State; Zip Code                         |  |
|   | Principal occupa  Owner       | tion / Job title (See instructions)                                     |                  | Employer (See instru<br>Homespring      | uctions)                               |
|   |                               |   |                  |   |  |

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#### SCHEDULE A1

|   | Т                           | he Instruction Guide explains how t                                   | form.           | 1 Total pages Schedule A1:<br>15 of 37       |  |
|---|-----------------------------|---|-----------------|--|--|
| 2 | FILER NAME  Marina A Gavito | )   |                 |  | 3 Filer ID (Ethics Commission Filers)    |
| 4 | Date<br><b>5/18/2023</b>    | 5 Full name of contributor<br>Elizabeth LaBarge                       | out-of-state PA | AC (ID#_ <b>N</b> )                          | 7 Amount of contribution (\$) 500.00     |
|   |                             | 6 Contributor address;<br>17734 Cantera Golf<br>San Antonio, TX 78256 | City;           | State; Zip Code                              |  |
| 8 | Principal occupa Attorney   | tion / Job title (See instructions)                                   |                 | 9 Employer (See instru<br>Texas Medical Lega | •  |
|   | Date<br>5/18/2023           | Full name of contributor  Juan Antonio Flores                         | out-of-state PA | AC (ID#_ <b>N</b> )                          | Amount of contribution (\$) 500.00       |
|   |                             | Contributor address; 439 Calumet Place San Antonio, TX 78209          | City;           | State; Zip Code                              |  |
|   | Principal occupa  Executive | tion / Job title (See instructions)                                   |                 | Employer (See instru<br>Port San Antonio     | octions)                                 |
|   | Date 5/18/2023              | Full name of contributor  Valeree Villanueva                          | Out-of-state PA | AC (ID#_ <b>N</b> )                          | Amount of contribution (\$) <b>50.00</b> |
|   |                             | Contributor address; 677 Creekside Way #1128 New Braunfels, TX 78130  | City;           | State; Zip Code                              |  |
|   | Principal occupa Supervisor | tion / Job title (See instructions)                                   |                 | Employer (See instru<br>Federal Governmen    |  |
|   | Date 5/19/2023              | Full name of contributor  Eugene Marck                                | out-of-state PA | AC (ID#_ <b>N</b> )                          | Amount of contribution (\$) 100.00       |
|   |                             | Contributor address; 345 Argyle Ave San Antonio, TX 78209             | City;           | State; Zip Code                              |  |
|   | Principal occupa President  | tion / Job title (See instructions)                                   |                 | Employer (See instru<br>Vista World Travel   | ictions)                                 |
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#### SCHEDULE A1

|   | Т                                 | he Instruction Guide explains how to  | o complete this | form.  | 1 Total pages Schedule A1:<br>16 of 37 |
|---|-----------------------------------|---|-----------------|--|--|
| 2 | FILER NAME  Marina A Gavito       | •   |                 |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 | Date 5/19/2023                    | 5 Full name of contributor<br>Javier Espinoza   | out-of-state PA | AC (ID#_ <b>N</b> )                          | 7 Amount of contribution (\$) 500.00   |
|   |                                   | 6 Contributor address;<br>10202 Heritage Boulevard<br>San Antonio, TX 78216               | City;           | State; Zip Code                              |  |
| 8 | Principal occupa  Attorney        | tion / Job title (See instructions)   |                 | 9 Employer (See instru<br>Espinoza Law Firm, | •                                      |
|   | Date 5/19/2023                    | Full name of contributor Chris Aldrete  | out-of-state PA | AC (ID#_ <b>N</b> )                          | Amount of contribution (\$) 500.00     |
|   |                                   | Contributor address; 335 Country Wood Drive San Antonio, TX 78216                         | City;           | State; Zip Code                              |  |
|   | Principal occupa consultant       | tion / Job title (See instructions)   |                 | Employer (See instru<br>Aldrete Strategic Pa | •                                      |
|   | Date 5/19/2023                    | Full name of contributor  Henry Gonzalez  Contributor address;  3253 Hillcrest Drive #112 | out-of-state PA | AC (ID#_N)                                   | Amount of contribution (\$) 25.00      |
|   | Principal occupa                  | San Antonio, TX 78201  tion / Job title (See instructions)                                |                 | Employer (See instru                         | uctions)                               |
|   | Agent                             |   |                 | Spectrum                                     | ······,                                |
|   | Date 5/20/2023                    | Full name of contributor<br>Lila Guajardo   | out-of-state PA | AC (ID#_ <b>N</b> )                          | Amount of contribution (\$) 500.00     |
|   |                                   | Contributor address; 8008 Journeyville Drive Austin, TX 78735                             | City;           |  |  |
|   | Principal occupa  Director of Hum | tion / Job title (See instructions)   |                 | Employer (See instru<br>ATT                  | uctions)                               |
|   |                                   |   |                 |  |  |

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#### SCHEDULE A1

|   | Т                                  | he Instruction Guide explains how   | to complete this | form.                                | 1 Total pages Schedule A1:<br>17 of 37  |
|---|------------------------------------|---|------------------|--------------------------------------|---|
| 2 | FILER NAME  Marina A Gavito        | )   |                  |                                      | 3 Filer ID (Ethics Commission Filers)   |
| 4 | Date 5/20/2023                     | 5 Full name of contributor<br>Sara Villarreal                             | ☐ out-of-state P | AC (ID#_ <b>N</b> )                  | 7 Amount of contribution (\$)<br>250.00 |
|   |                                    | 6 Contributor address;<br>218 East Melrose Drive<br>San Antonio, TX 78212 | City;            | State; Zip Code                      |   |
| 8 | Principal occupa  Cofounder        | tion / Job title (See instructions)                                       |                  | 9 Employer (See instru<br>Villarreal | uctions)                                |
|   | Date 5/22/2023                     | Full name of contributor Fernando Rodriguez                               | out-of-state P   | AC (ID#_ <b>N</b> )                  | Amount of contribution (\$) 300.00      |
|   |                                    | Contributor address;<br>4026 City View<br>SAN ANTONIO, TX 78228           | City;            | State; Zip Code                      |   |
|   | Principal occupa<br>Retired        | tion / Job title (See instructions)                                       |                  | Employer (See instru<br>Retired      | uctions)                                |
|   | Date 5/22/2023                     | Full name of contributor  Marmon Mok LLP                                  | Out-of-state P   | AC (ID#_ <b>N</b> )                  | Amount of contribution (\$) 500.00      |
|   |                                    | Contributor address; 700 N St. Marys #1600 SAN ANTONIO, TX 78205          | City;            |                                      |   |
|   | Principal occupa                   | tion / Job title (See instructions)                                       |                  | Employer (See instructions) n/a      |   |
|   | Date 5/22/2023                     | Full name of contributor Fernando Reyes                                   | out-of-state P   | AC (ID#_ <b>N</b> )                  | Amount of contribution (\$) 500.00      |
|   |                                    | Contributor address; 2 Lexington Ave. #1201 San Antomio, TX 78205         | City;            | State; Zip Code                      |   |
|   | Principal occupa<br><b>Manager</b> | tion / Job title (See instructions)                                       |                  | Employer (See instru                 | uctions)                                |
|   |                                    |   |                  |                                      |   |
|   |                                    |   |                  |                                      |   |
|   |                                    |   |                  |                                      |   |

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#### SCHEDULE A1

|   | т                                  | he Instruction Guide explains how   | to complete this | form.  | 1 Total pages Schedule A1:<br>18 of 37  |
|---|------------------------------------|---|------------------|--|---|
| 2 | FILER NAME  Marina A Gavito        | )   |                  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 | Date <b>5/22/2023</b>              | <ul> <li>5 Full name of contributor</li> <li>Marco Barros</li> <li></li> <li>6 Contributor address;</li> <li>14018 Sage Bluff</li> <li>San Antonio, TX 78216</li> </ul> | out-of-state PA  | AC (ID# N )                                  | 7 Amount of contribution (\$)<br>100.00 |
| 8 |                                    | ntion / Job title (See instructions) opment Consultant  |                  | 9 Employer (See instru<br>Mad Dogs Restaura  | •                                       |
|   | Date <b>5/22/2023</b>              | Full name of contributor  Pat Maloney Jr  | out-of-state Pa  | AC (ID#_N)                                   | Amount of contribution (\$) 500.00      |
|   | Principal occupa  Atty             | tion / Job title (See instructions)   |                  | Employer (See instru<br>Law Offices of Pat N | •                                       |
|   | Date 5/22/2023                     | Full name of contributor  Manuel Tovar  | out-of-state P   |  | Amount of contribution (\$) 200.00      |
|   |                                    | Contributor address;<br>2719 Castanet<br>San Antonio, TX 78230  | City;            | State; Zip Code                              |   |
|   | Principal occupa  Director of Ethr | tion / Job title (See instructions) ic Marketing  |                  | Employer (See instru<br>Affiliated Foods Inc | •                                       |
|   | Date 5/22/2023                     | Full name of contributor <b>Luke Holland</b>  | out-of-state P   | AC (ID#_ <b>N</b> )                          | Amount of contribution (\$) 500.00      |
|   |                                    | Contributor address; 344 Harmon san antonio, TX 78209   | City;            | State; Zip Code                              |   |
|   | Principal occupa  Contractor       | tion / Job title (See instructions)   |                  | Employer (See instru<br>Copperhead Constr    | •                                       |
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#### SCHEDULE A1

|   | Т                               | he Instruction Guide explains how t                                     | o complete this | form.  | 1 Total pages Schedule A1:<br>19 of 37  |
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| 2 | FILER NAME  Marina A Gavito     | ,   |                 |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 | Date <b>5/22/2023</b>           | 5 Full name of contributor Lawrence Romo                                | out-of-state P  | AC (ID# N )  State; Zip Code                 | 7 Amount of contribution (\$)<br>100.00 |
|   |                                 | 4811 Isaac Ryan<br>San Antonio, TX 78253                                |                 |  |   |
| 8 | Principal occupa retired        | tion / Job title (See instructions)                                     |                 | 9 Employer (See instru                       | uctions)                                |
|   | Date 5/22/2023                  | Full name of contributor<br>Lea Rosenauer                               | out-of-state Pa | AC (ID#_ <b>N</b> )                          | Amount of contribution (\$) 100.00      |
|   |                                 | Contributor address;<br>4938 Corian Well Drive<br>San Antonio, TX 78247 | City;           | State; Zip Code                              |   |
|   | Principal occupa President & CE | tion / Job title (See instructions)                                     |                 | Employer (See instru<br>Girls Inc. of San An | •                                       |
|   | Date 5/23/2023                  | Full name of contributor  Geoffrey Shaw                                 | out-of-state P  | AC (ID# <b>N</b> )                           | Amount of contribution (\$) 250.00      |
|   |                                 | Contributor address;<br>11315 Massive Mt<br>Helotes, TX 78023           | City;           | State; Zip Code                              |   |
|   | Principal occupa Claims Dept    | tion / Job title (See instructions)                                     |                 | Employer (See instru<br>USAA                 | uctions)                                |
|   | Date 5/23/2023                  | Full name of contributor  J. Randolph Harig                             | out-of-state P  | AC (ID#_ <b>N</b> )                          | Amount of contribution (\$) 500.00      |
|   |                                 | Contributor address; 108 Geneseo SAN ANTONIO, TX 78209                  | City;           | State; Zip Code                              |   |
|   | Principal occupa CEO            | tion / Job title (See instructions)                                     |                 | Employer (See instru                         | uctions)                                |
|   |                                 |   |                 |  |   |

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#### SCHEDULE A1

|   | т                                  | he Instruction Guide explains how to complete thi                       | s form.                                       | 1 Total pages Schedule A1:<br>20 of 37    |
|---|------------------------------------|---|---|---|
| 2   | FILER NAME  Marina A Gavito        | •   |   | 3 Filer ID (Ethics Commission Filers)     |
| 4   | Date 5/23/2023                     | 5 Full name of contributor ☐ out-of-state Cassandra Ortiz               | PAC (ID#_ <b>N</b> )                          | 7 Amount of contribution (\$) 500.00      |
|   |                                    | 6 Contributor address; City; 9103 Mellbrook St. San Antonio, TX 78230   | State; Zip Code                               |   |
| 8   | Principal occupa Attorney          | tion / Job title (See instructions)                                     | 9 Employer (See instru<br>Kassahn & Ortiz Lav | •   |
|   | Date 5/23/2023                     | Full name of contributor  | PAC (ID#_ <b>N</b> )                          | Amount of contribution (\$) <b>250.00</b> |
|   |                                    | Contributor address; City; 115 Paloma Dr San Antonio, TX 78212          | State; Zip Code                               |   |
| Principal occupation / Job title (See instructions)  Stay at home  Employer (See instructions)  N/A |                                    |   |   |   |
|   | Date 5/23/2023                     | Full name of contributor  | PAC (ID#_N)                                   | Amount of contribution (\$) <b>500.00</b> |
|   |                                    | Contributor address; City; 6411 Laurelhill Dr San Antonio, TX 78229     | State; Zip Code                               |   |
|   | Principal occupa  Director, Innova | tion / Job title (See instructions) tion Programs                       | Employer (See instru                          |   |
|   | Date 5/23/2023                     | Full name of contributor  | PAC (ID#_ <b>N</b> )                          | Amount of contribution (\$) <b>500.00</b> |
|   |                                    | Contributor address; City; 7743 Winecup Hill San Antonio, TX 78256-1640 | State; Zip Code                               |   |
|   | Principal occupa President         | tion / Job title (See instructions)                                     | Employer (See instru                          | uctions)                                  |
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#### SCHEDULE A1

|   | т                            | he Instruction Guide explains how t                                 | o complete this   | form.                                   | 1 Total pages Schedule A1:<br>21 of 37    |
|---|------------------------------|---|-------------------|---|---|
| 2   | FILER NAME  Marina A Gavito  | )   |                   |   | 3 Filer ID (Ethics Commission Filers)     |
| 4   | Date <b>5/24/2023</b>        | 5 Full name of contributor<br>Christopher Cantu                     | out-of-state PA   | AC (ID#_ <b>N</b> )                     | 7 Amount of contribution (\$) 500.00      |
|   |                              | 6 Contributor address;<br>123 Creath Place<br>SAN ANTONIO, TX 78221 | City;             | State; Zip Code                         |   |
| 8   | Principal occupa  Consultant | tion / Job title (See instructions)                                 |                   | 9 Employer (See instru<br>Self-employed | actions)                                  |
|   | Date 5/24/2023               | Full name of contributor Carino Cortez-Haas                         | out-of-state PA   | AC (ID#_ <b>N</b> )                     | Amount of contribution (\$) 500.00        |
|   |                              | Contributor address; 204 E Melrose Dr. SAN ANTONIO, TX 78212        | City;             | State; Zip Code                         |   |
| Principal occupation / Job title (See instructions)  Vice President  Employer (See instructions)  Mi Terra Family |                              |   |                   | actions)                                |   |
|   | Date 5/24/2023               | Full name of contributor NuStar PAC                                 | ☐ out-of-state PA | AC (ID# <b>N</b> )                      | Amount of contribution (\$) <b>500.00</b> |
|   |                              | Contributor address; PO Box 781609 SAN ANTONIO, TX 78278            | City;             | State; Zip Code                         |   |
|   | Principal occupa             | tion / Job title (See instructions)                                 |                   | Employer (See instrund)                 | ictions)                                  |
|   | Date 5/24/2023               | Full name of contributor  Mary Rose Brown                           | out-of-state PA   | AC (ID#_ <b>N</b> )                     | Amount of contribution (\$) 500.00        |
|   |                              | Contributor address; 48 Vineyard Drive San Antonio, TX 78257        | City;             | State; Zip Code                         |   |
|   | •                            | tion / Job title (See instructions)                                 |                   | Employer (See instru                    | ictions)                                  |
|   | Executive Vice               | President & CAO   |                   | NuStar Energy                           |   |
|   |                              |   |                   |   |   |
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#### SCHEDULE A1

|   | т                               | he Instruction Guide explains how to complete this  | form.                                  | 1 Total pages Schedule A1:<br>22 of 37  |
|---|---------------------------------|---|--|---|
| 2 | FILER NAME  Marina A Gavito     |   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 | Date 5/24/2023                  | 5 Full name of contributor □ out-of-state PA Noah Garcia  | AC (ID#_N)                             | 7 Amount of contribution (\$)<br>200.00 |
| 8 | Principal occupa  Commercial Ba | ntion / Job title (See instructions)  | 9 Employer (See instru<br>Vantage Bank | ictions)                                |
|   | Date 5/24/2023                  | Full name of contributor  out-of-state PA geraldine garcia Contributor address; City; S 300 East Basse Road #2520 San Antonio, TX 78209 | AC (ID#_N)                             | Amount of contribution (\$) 100.00      |
|   |                                 |   | Employer (See instru                   | -                                       |
|   | Date 5/24/2023                  | Full name of contributor  out-of-state PA  Michael Kennick  Contributor address; City; S  8323 Magdalena Run  San Antonio, TX 78023     | AC (ID#_N)                             | Amount of contribution (\$) 100.00      |
|   | Principal occupa<br>Engineer    | ation / Job title (See instructions)  | Employer (See instru<br>US Air Force   | ictions)                                |
|   | Date 5/25/2023                  | Full name of contributor  uut-of-state PA Wayne Ehrisman PhD Contributor address; City; S 402 Mary Louise SAN ANTONIO, TX 78201         | AC (ID#_N) State; Zip Code             | Amount of contribution (\$) 200.00      |
|   | Principal occupa<br>Retired     | tion / Job title (See instructions)   | Employer (See instru<br>Retired        | uctions)                                |
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#### SCHEDULE A1

|   | т                               | he Instruction Guide explains how to complete th                        | is form.                                    | 1 Total pages Schedule A1:<br>23 of 37    |
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| 2 | FILER NAME  Marina A Gavito     |   |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 | Date 5/25/2023                  | 5 Full name of contributor ☐ out-of-state Gordon Hartman                | PAC (ID#_N)                                 | 7 Amount of contribution (\$) 500.00      |
|   |                                 | 6 Contributor address; City; 1202 W Bitters #1200 SAN ANTONIO, TX 78216 | State; Zip Code                             |   |
| 8 | Principal occupa Philanthropist | tion / Job title (See instructions)                                     | 9 Employer (See instru<br>Gordon Hartman Fa | -   |
|   | Date 5/25/2023                  | Full name of contributor  | PAC (ID#_ <b>84640</b> )                    | Amount of contribution (\$) <b>500.00</b> |
|   |                                 | Contributor address; City; 2620 S. 55th Street Tempe, AZ 85282          | State; Zip Code                             |   |
|   | Principal occupa PAC            | tion / Job title (See instructions)                                     | Employer (See instru                        | actions)                                  |
|   | Date 5/25/2023                  | Full name of contributor  |   | Amount of contribution (\$) <b>500.00</b> |
|   |                                 | Contributor address; City; PO Box 2246 Austin, TX 78768                 | State; Zip Code                             |   |
|   | Principal occupa                | tion / Job title (See instructions)                                     | Employer (See instru                        | octions)                                  |
|   | Date 5/25/2023                  | Full name of contributor  |   | Amount of contribution (\$) <b>500.00</b> |
|   |                                 | Contributor address; City; PO Box 100455 SAN ANTONIO, TX 78201          | State; Zip Code                             |   |
|   | Principal occupa                | tion / Job title (See instructions)                                     | Employer (See instru                        | ictions)                                  |
|   |                                 |   |   |   |

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#### SCHEDULE A1

|   | 7                            | The Instruction Guide explains how to c   | complete this   | form.                                      | 1 Total pages Schedule A1:<br>24 of 37    |
|---|------------------------------|---|-----------------|--|---|
| 2   | FILER NAME  Marina A Gavite  | 0   |                 |  | 3 Filer ID (Ethics Commission Filers)     |
| 4   | Date 5/25/2023               | 5 Full name of contributor ☐ out-of-state PAC (ID# N ☐ )  Janie Gonzalez                            |                 |  | 7 Amount of contribution (\$)<br>100.00   |
| 8   | Principal occupa             | ation / Job title (See instructions)  |                 | 9 Employer (See instru                     | ictions)                                  |
|   | Date 5/25/2023               | Full name of contributor  KJ Feder  Contributor address;  1401 E Crockett St  San Antonio, TX 78202 | out-of-state PA | C (ID#_N)                                  | Amount of contribution (\$) <b>50.00</b>  |
| Principal occupation / Job title (See instructions) Employer (Set VP CPS Energy |                              | Employer (See instru  | actions)        |  |   |
|   | Date 5/25/2023               | Pete Cortez   | out-of-state PA |  | Amount of contribution (\$) 500.00        |
|   |                              | 800 Dolorosa #204<br>San Antonio, TX 78207-4559   |                 |  |   |
|   | Principal occupa Foodservice | ation / Job title (See instructions)  |                 | Employer (See instru                       | uctions)                                  |
|   | Date<br>5/26/2023            | Daniel Ortiz  | out-of-state PA |  | Amount of contribution (\$) <b>500.00</b> |
|   |                              | Contributor address; 9103 Mellbrook St. San Antonio, TX 78230                                       | City; S         | State; Zip Code                            |   |
|   | Principal occupa Attorney    | ation / Job title (See instructions)  |                 | Employer (See instru<br>Ortiz McKnight PLL |   |
|   |                              |   |                 |  |   |

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#### SCHEDULE A1

|  | т                           | he Instruction Guide explains how to   | form.           | 1 Total pages Schedule A1:<br>25 of 37      |   |
|--|-----------------------------|--|-----------------|---|---|
| 2  | FILER NAME  Marina A Gavito | )  |                 |   | 3 Filer ID (Ethics Commission Filers)     |
| 4  | Date 5/27/2023              | 5 Full name of contributor ☐ out-of-state PAC (ID# N )  Lukin T Gilliland Jr |                 |   | 7 Amount of contribution (\$) 500.00      |
|  |                             | 6 Contributor address;<br>901 NE Loop 410 #909<br>San Antonio, TX 78209      | City; S         | State; Zip Code                             |   |
| 8 Principal occupation / Job title (See instructions) Investor  9 Employer (See instructions) Self |                             |  | 1 7 . (         | uctions)                                    |   |
|  | Date 5/27/2023              | Full name of contributor<br>Richard Robledo                                  | Out-of-state PA | AC (ID#_ <b>N</b> )                         | Amount of contribution (\$) 100.00        |
|  |                             | Contributor address; 8315 Kingsway St San Antonio, TX 78254                  | City; S         | State; Zip Code                             |   |
| Principal occupation / Job title (See instructions)  Civil Service                                 |                             |  |                 | Employer (See instru<br>Randolph AFB        | uctions)                                  |
|  | Date 5/28/2023              | Full name of contributor<br>Ramiro Cavazos                                   | Out-of-state PA | NC (ID#_ <b>N</b> )                         | Amount of contribution (\$) <b>250.00</b> |
|  |                             | Contributor address; 226 Granville Way San Antonio, TX 78231                 | City; S         | State; Zip Code                             |   |
|  | Principal occupa            | tion / Job title (See instructions)  |                 | Employer (See instru<br>United States Hispa | uctions)<br>nic Chamber of Commerce       |
|  | Date 5/28/2023              | Full name of contributor Louis Escareno                                      | Out-of-state PA | AC (ID#_ <b>N</b> )                         | Amount of contribution (\$) <b>500.00</b> |
|  |                             | Contributor address; 2717 West Martin Street San Antonio, TX 78207           | City; S         | State; Zip Code                             |   |
|  | Principal occupa Attorney   | tion / Job title (See instructions)  |                 | Employer (See instru<br>Louis R Escareno P  |   |
|  |                             |  |                 |   |   |

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#### SCHEDULE A1

|  | т                                   | he Instruction Guide explains how to complete t  | nis form.                                   | 1 Total pages Schedule A1:<br>26 of 37  |
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| 2  | FILER NAME  Marina A Gavito         |  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4  | Date 5/29/2023                      | 5 Full name of contributor  ut-of-state  Anthony bryden  | PAC (ID#_ <b>N</b> )                        | 7 Amount of contribution (\$)<br>100.00 |
|  |                                     | 6 Contributor address; City; 9110 George Kyle Street San Antonio, TX 78240   | State; Zip Code                             |   |
| 8  | Principal occupa  Advisory Solution | tion / Job title (See instructions)<br>on Consultant   | 9 Employer (See instru<br>ServiceNow        | uctions)                                |
|  | Date 5/30/2023                      | Full name of contributor   | PAC (ID#)                                   | Amount of contribution (\$) 100.00      |
|  |                                     | Contributor address; City; 9602 Rochelle Rd SAN ANTONIO, TX 78240  | State; Zip Code                             |   |
| Principal occupation / Job title (See instructions) Employer (See instructions)  Retired Retired |                                     |  | Employer (See instru<br>Retired             | uctions)                                |
|  | Date 5/30/2023                      | Full name of contributor  out-of-state Stonewall Democrats of San Antonio  Contributor address; City; PO Box 12814 San Antonio, TX 78212   | PAC (ID#_N)  State; Zip Code                | Amount of contribution (\$) 150.00      |
|  | Principal occupa                    | tion / Job title (See instructions)  | Employer (See instru                        | uctions)                                |
|  | Date 5/30/2023                      | Full name of contributor  Ravi Botla  Contributor address; City; Contributor address City; C | PAC (ID#_N)                                 | Amount of contribution (\$) 250.00      |
|  | Principal occupa  Doctor            | tion / Job title (See instructions)  | Employer (See instru<br>Texas Digestive Dis | •                                       |
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#### SCHEDULE A1

|   | т                              | he Instruction Guide explains how t                                 | form.                                     | 1 Total pages Schedule A1:<br>27 of 37      |   |
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| 2   | FILER NAME  Marina A Gavito    | )   |   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4   | Date 5/30/2023                 | 5 Full name of contributor<br>Kiran Cheruku                         | out-of-state Pa                           | AC (ID#_ <b>N</b> )                         | 7 Amount of contribution (\$)<br>250.00 |
|   |                                | 6 Contributor address;<br>507 Berwick Town<br>San Antonio, TX 78249 | City;                                     | State; Zip Code                             |   |
| 8   | Principal occupa <b>Doctor</b> | tion / Job title (See instructions)                                 |   | 9 Employer (See instru<br>Baptist Health    | uctions)                                |
|   | Date 5/30/2023                 | Full name of contributor<br>Roger Campos                            | out-of-state P                            | AC (ID#_ <b>N</b> )                         | Amount of contribution (\$) 500.00      |
|   |                                | Contributor address; 426 Bently Manor Shavano Park, TX 78249        | City;                                     | State; Zip Code                             |   |
|   |                                |   | Employer (See instru<br>Campos Family Der | ,   |   |
|   | Date 5/30/2023                 | Full name of contributor<br>Ross Properties LLC                     | out-of-state P                            | AC (ID#_ <b>N</b> )                         | Amount of contribution (\$) 500.00      |
|   |                                | Contributor address; PO Box 28490 San Antonio, TX 78228             | City;                                     | State; Zip Code                             |   |
|   | Principal occupa               | tion / Job title (See instructions)                                 |   | Employer (See instru                        | uctions)                                |
|   | Date 5/30/2023                 | Full name of contributor  Ernest W Bromley                          | out-of-state P                            | AC (ID#_ <b>N</b> )                         | Amount of contribution (\$) 500.00      |
|   |                                | Contributor address; 19 Westelm Circle San Antonio, TX 78230        | City;                                     | State; Zip Code                             |   |
| Principal occupation / Job title (See instructions)  Managing Partner |                                |   |   | Employer (See instru<br>Pescador Public Str | ,                                       |
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#### SCHEDULE A1

|   | т   | he Instruction Guide explains how t                                   | 1 Total pages Schedule A1:<br>28 of 37 |  |   |  |
|---|---|---|--|--|---|--|
| 2   | FILER NAME  Marina A Gavito   | )   |  |  | 3 Filer ID (Ethics Commission Filers)     |  |
| 4   | Date 5/30/2023  | 5 Full name of contributor □ out-of-state PAC (ID#_N)  ALMA BELFIELD  |  |  | 7 Amount of contribution (\$) 500.00      |  |
|   |   | 6 Contributor address;<br>8357 Rochelle Road<br>San Antonio, TX 78240 | City;                                  | State; Zip Code  |   |  |
| 8   | 8 Principal occupation / Job title (See instructions) Computer Engineer  9 Employer (See instructions) DXC Technology |   |  | uctions)   |   |  |
|   | Date 5/30/2023  | Full name of contributor  Marc Rodriguez                              | out-of-state PA                        | AC (ID#_ <b>N</b> )                                      | Amount of contribution (\$) 500.00        |  |
|   |   | Contributor address; 1122 Colorado #2399 Austin, TX 78701             | City;                                  | State; Zip Code  |   |  |
| Principal occupation / Job title (See instructions) <b>Lobbyist</b> |   |   |  | Employer (See instructions) Offices of Marc A. Rodriguez |   |  |
|   | Date 5/30/2023  | Full name of contributor Sharon Whitley                               | Out-of-state PA                        | AC (ID#_ <b>N</b> )                                      | Amount of contribution (\$) <b>25.00</b>  |  |
|   |   | Contributor address; 8323 Dawnwood Dr #L San Antonio, TX 78250        | City;                                  | State; Zip Code  |   |  |
|   | Principal occupa retired  | tion / Job title (See instructions)                                   |  | Employer (See instru                                     | uctions)                                  |  |
|   | Date 5/30/2023  | Full name of contributor  Adel Hernandez                              | Out-of-state PA                        | AC (ID#_ <b>N</b> )                                      | Amount of contribution (\$) <b>250.00</b> |  |
|   |   | Contributor address; 506 Royal Court San Antonio, TX 78228            | City;                                  | State; Zip Code  |   |  |
| Principal occupation / Job title (See instructions) retired         |   |   | Employer (See instru                   | uctions)   |   |  |
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#### SCHEDULE A1

|   | Т                                | he Instruction Guide explains how to                                 | 1 Total pages Schedule A1:<br>29 of 37 |                                     |  |
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| 2 | FILER NAME  Marina A Gavito      | ,  |  |                                     | 3 Filer ID (Ethics Commission Filers)    |
| 4 | Date 5/30/2023                   | 5 Full name of contributor  Jose De La Cruz                          | out-of-state PA                        | AC (ID#_ <b>N</b> )                 | 7 Amount of contribution (\$) 500.00     |
|   |                                  | 6 Contributor address;<br>8011 Radiant Star<br>San Antonio, TX 78252 | City; S                                | State; Zip Code                     |  |
| 8 |                                  | tion / Job title (See instructions) Government Affairs               |  | 9 Employer (See instru<br>Microsoft | actions)                                 |
|   | Date<br>5/31/2023                | Full name of contributor  Joe Anthony Candelario                     | out-of-state PA                        | AC (ID#_ <b>N</b> )                 | Amount of contribution (\$) <b>50.00</b> |
|   |                                  | Contributor address; 4306 Muirfield Dr SAN ANTONIO, TX 78229         | City;                                  | State; Zip Code                     |  |
|   | Principal occupa<br>Retired      | tion / Job title (See instructions)                                  |  | Employer (See instru<br>Retired     | actions)                                 |
|   | Date 5/31/2023                   | Full name of contributor Louis Barrios                               | out-of-state PA                        | AC (ID#_ <b>N</b> )                 | Amount of contribution (\$) 100.00       |
|   |                                  | Contributor address; 1102 Morgans Peak San Antonio, TX 78258         | City;                                  | State; Zip Code                     |  |
|   | Principal occupa President       | tion / Job title (See instructions)                                  |  | Employer (See instru<br>Los Barrios | actions)                                 |
|   | Date 5/31/2023                   | Full name of contributor  Gloria Martinez                            | ☐ out-of-state PA                      | AC (ID#_ <b>N</b> )                 | Amount of contribution (\$) 100.00       |
|   |                                  | Contributor address; 555 Cumberland Rd SAN ANTONIO, TX 78204         | City;                                  | State; Zip Code                     |  |
|   | Principal occupa  Purchasing Ass | tion / Job title (See instructions)                                  |  | Employer (See instru<br>Homespring  | actions)                                 |
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#### SCHEDULE A1

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#### SCHEDULE A1

|   | т                                | he Instruction Guide explains how t   | to complete this | form.   | 1 Total pages Schedule A1:<br>31 of 37    |
|---|----------------------------------|---|------------------|---|---|
| 2 | FILER NAME  Marina A Gavito      | )   |                  |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 | Date 5/31/2023                   | 5 Full name of contributor<br>Margaret M Vera                                 | out-of-state PA  | AC (ID#_ <b>N</b> )                           | 7 Amount of contribution (\$) 250.00      |
|   |                                  | 6 Contributor address;<br>430 W Hildebrand Ave<br>SAN ANTONIO, TX 78212       | City;            | State; Zip Code                               |   |
| 8 | Principal occupa Attorney        | tion / Job title (See instructions)   |                  | 9 Employer (See instru<br>Law Offices of Marg | •   |
|   | Date 5/31/2023                   | Full name of contributor<br>Gabriel Farias                                    | out-of-state PA  | AC (ID#_ <b>N</b> )                           | Amount of contribution (\$) <b>500.00</b> |
|   |                                  | Contributor address;<br>1122 Par Four<br>SAN ANTONIO, TX 78221                | City;            | State; Zip Code                               |   |
|   | Principal occupa  Marketing Exec | tion / Job title (See instructions)   |                  | Employer (See instru<br><b>Kellum Group</b>   | actions)                                  |
|   | Date 5/31/2023                   | Full name of contributor  Venkatsairam Gurram                                 | out-of-state PA  | AC (ID#_ <b>N</b> )                           | Amount of contribution (\$) <b>500.00</b> |
|   |                                  | Contributor address; 584 Bomar St Houston, TX 77006                           | City;            | State; Zip Code                               |   |
|   | Principal occupa  Developer      | tion / Job title (See instructions)   |                  | Employer (See instructions) Gurram Properties |   |
|   | Date 5/31/2023                   | Full name of contributor  Rose Kellum  Contributor address;  330 e summit ave | out-of-state PA  | AC (ID#_N)                                    | Amount of contribution (\$) 500.00        |
|   | Principal occupa physician       | San Antonio, TX 78212 tion / Job title (See instructions)                     |                  | Employer (See instru<br>kellum physician pa   | · · · · · · · · · · · · · · · · · · ·     |
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#### SCHEDULE A1

|   | т                             | he Instruction Guide explains how to complete this t                                  | form.                                       | 1 Total pages Schedule A1:<br>32 of 37    |
|---|-------------------------------|---|---|---|
| 2   | FILER NAME  Marina A Gavito   | )   |   | 3 Filer ID (Ethics Commission Filers)     |
| 4   | Date 5/31/2023                | 5 Full name of contributor  | C (ID#_N)                                   | 7 Amount of contribution (\$) 500.00      |
|   |                               | 6 Contributor address; City; S 86 Regents Park San Antonio, TX 78230                  | itate; Zip Code                             |   |
| 8 Principal occupation / Job title (See instructions) Cardiologist  9 Employer (See instructions) Baptist Medical Network |                               |   | -   |   |
|   | Date 5/31/2023                | Full name of contributor  | C (ID#_ <b>N</b> )                          | Amount of contribution (\$) 500.00        |
|   |                               | Contributor address; City; S 86 Regents Park San Antonio, TX 78230                    | tate; Zip Code                              |   |
|   |                               |   | Employer (See instru<br>Veterans Health Adr |   |
|   | Date 5/31/2023                | Full name of contributor  | C (ID#_N)                                   | Amount of contribution (\$) <b>500.00</b> |
|   |                               | 12018 Indigo Bend<br>San Antonio, TX 78230  |   |   |
|   | Principal occupa Stay at home | tion / Job title (See instructions)   | Employer (See instru<br>N/A                 | ctions)                                   |
|   | Date 5/31/2023                | Full name of contributor  ut-of-state PA  Killen Griffin & Farrimond Political Commit |   | Amount of contribution (\$) 500.00        |
|   |                               | Contributor address; City; S 10101 Renunion Place #250 SAN ANTONIO, TX 78216          | itate; Zip Code                             |   |
|   | Principal occupa              | tion / Job title (See instructions)   | Employer (See instru                        | ctions)                                   |
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#### SCHEDULE A1

|  | т                                | he Instruction Guide explains how to con                             | orm.           | 1 Total pages Schedule A1:<br>33 of 37       |   |
|--|----------------------------------|--|----------------|--|---|
| 2  | FILER NAME  Marina A Gavito      | )  |                |  | 3 Filer ID (Ethics Commission Filers)     |
| 4  | Date<br>5/31/2023                | 5 Full name of contributor □ ou<br>Blake Yantis                      | ut-of-state PA | C (ID#_ <b>N</b> )                           | 7 Amount of contribution (\$) 500.00      |
|  |                                  | 6 Contributor address;<br>12018 Indigo Bend<br>San Antonio, TX 78230 | City; S        | tate; Zip Code                               |   |
| 8  | Principal occupa                 | tion / Job title (See instructions)                                  |                | 9 Employer (See instru<br>Mosaic Land Develo | •   |
|  | Date 5/31/2023                   | Full name of contributor □ οι<br>Celso Guzman                        | ut-of-state PA | C (ID#_ <b>N</b> )                           | Amount of contribution (\$) 100.00        |
|  |                                  | Contributor address; 24 Inwood Bluff San Antonio, TX 78248           | City; S        | tate; Zip Code                               |   |
| Principal occupation / Job title (See instructions) Employer (See instruct retired retired |                                  |  | ctions)        |  |   |
|  | Date 5/31/2023                   | Full name of contributor ☐ ou<br>Phillip Manna                       | ut-of-state PA | C (ID#_ <b>N</b> )                           | Amount of contribution (\$) <b>100.00</b> |
|  |                                  | Contributor address; 9525 Rochelle Rd San Antonio, TX 78240          | City; S        | tate; Zip Code                               |   |
|  | Principal occupa<br>retired      | tion / Job title (See instructions)                                  |                | Employer (See instru                         | ctions)                                   |
|  | Date 5/31/2023                   | Full name of contributor ☐ oι<br>Hope Andrade                        | ut-of-state PA | C (ID#_ <b>N</b> )                           | Amount of contribution (\$) 150.00        |
|  |                                  | Contributor address; 123 Lexington ave #1604 San antonio, TX 78205   | City; S        | tate; Zip Code                               |   |
|  | Principal occupa<br>Entrepreneur | tion / Job title (See instructions)                                  |                | Employer (See instru                         | ctions)                                   |
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

#### SCHEDULE A1

|  | т                           | he Instruction Guide explains how to com                                 | orm.                         | 1 Total pages Schedule A1:<br>34 of 37      |   |
|--|-----------------------------|--|------------------------------|---|---|
| 2  | FILER NAME  Marina A Gavito | )  |                              |   | 3 Filer ID (Ethics Commission Filers)     |
| 4  | Date<br>5/31/2023           | 5 Full name of contributor □ ou Robert Schultz                           | it-of-state PA               | C (ID#_ <b>N</b> )                          | 7 Amount of contribution (\$)<br>100.00   |
|  |                             | 6 Contributor address;<br>1022 Navarro St. #305<br>San Antonio, TX 78205 | City; S                      | tate; Zip Code                              |   |
| 8  | Principal occupa            | tion / Job title (See instructions)                                      |                              | 9 Employer (See instru<br>RRS Ventures      | ctions)                                   |
|  | Date 5/31/2023              | Full name of contributor   | it-of-state PA               | C (ID#_ <b>N</b> )                          | Amount of contribution (\$) 100.00        |
|  |                             | Contributor address; 7500 Callaghan Rd #123 san antonio, TX 78229        | City; S                      | tate; Zip Code                              |   |
| Principal occupation / Job title (See instructions) Employ Independent Contractor Self |                             |  | Employer (See instru<br>Self | ctions)                                     |   |
|  | Date 5/31/2023              | Full name of contributor   | it-of-state PA               | C (ID#_ <b>N</b> )                          | Amount of contribution (\$) <b>500.00</b> |
|  |                             | Contributor address; 330 e summit ave San Antonio, TX 78212              | City; S                      | tate; Zip Code                              |   |
|  | Principal occupa physician  | tion / Job title (See instructions)                                      |                              | Employer (See instru<br>kellum physician pa | •   |
|  | Date 5/31/2023              | Full name of contributor   | it-of-state PA               | C (ID#_ <b>N</b> )                          | Amount of contribution (\$) 100.00        |
|  |                             | Contributor address; 6139 Willowridge St San Antonio, TX 78249           | City; S                      | tate; Zip Code                              |   |
| Principal occupation / Job title (See instructions)  Communications                    |                             |  |                              | Employer (See instru<br>Self                | ctions)                                   |
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#### SCHEDULE A1

|   | т                                | he Instruction Guide explains how to                                  | form.             | 1 Total pages Schedule A1:<br>35 of 37       |   |
|---|----------------------------------|---|-------------------|--|---|
| 2 | FILER NAME  Marina A Gavito      | )   |                   |  | 3 Filer ID (Ethics Commission Filers)     |
| 4 | Date<br><b>5/31/2023</b>         | 5 Full name of contributor Omar Gonzalez                              | out-of-state PA   | AC (ID#_ <b>N</b> )                          | 7 Amount of contribution (\$)<br>150.00   |
|   |                                  | 6 Contributor address;<br>526 Refugio Street<br>San Antonio, TX 78210 | City; S           | State; Zip Code                              |   |
| 8 | Principal occupa Real Estate Dev | tion / Job title (See instructions) relopment                         |                   | 9 Employer (See instru<br>Oxbow Developmen   |   |
|   | Date<br>5/31/2023                | Full name of contributor  Javier Paredes                              | ☐ out-of-state PA | AC (ID#_ <b>N</b> )                          | Amount of contribution (\$) <b>250.00</b> |
|   |                                  | Contributor address; 2603 Country Square Street San Antonio, TX 78209 | City; S           | State; Zip Code                              |   |
|   | Principal occupa  Architect      | tion / Job title (See instructions)                                   |                   | Employer (See instru<br><b>StudioMassivo</b> | ctions)                                   |
|   | Date 5/31/2023                   | Full name of contributor  James McKnight                              | ☐ out-of-state PA | AC (ID#_ <b>N</b> )                          | Amount of contribution (\$) <b>500.00</b> |
|   |                                  | Contributor address; 2019 Flint Oak Drive San Antonio, TX 78248       | City; S           | State; Zip Code                              |   |
|   | Principal occupa Attorney        | tion / Job title (See instructions)                                   |                   | Employer (See instru<br>Ortiz McKnight       | ctions)                                   |
|   | Date 5/31/2023                   | Full name of contributor  Kimberly McKnight                           | out-of-state PA   | NC (ID#_ <b>N</b> )                          | Amount of contribution (\$) 500.00        |
|   |                                  | Contributor address; 2019 Flint Oak Drive San Antonio, TX 78248       | City; S           | State; Zip Code                              |   |
|   | Principal occupa Nurse           | tion / Job title (See instructions)                                   |                   | Employer (See instru<br>HCA                  | ctions)                                   |
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#### SCHEDULE A1

|   | Т                               | he Instruction Guide explains how t                                 | 1 Total pages Schedule A1:<br>36 of 37 |                                      |   |
|---|---------------------------------|---|--|--------------------------------------|---|
| 2   | FILER NAME  Marina A Gavito     | )   |  |                                      | 3 Filer ID (Ethics Commission Filers)     |
| 4   | Date 5/31/2023                  | 5 Full name of contributor  Eduardo Parra                           | out-of-state P                         |                                      | 7 Amount of contribution (\$)<br>250.00   |
|   |                                 | 6 Contributor address;<br>7323 Eagle Ledge<br>San Antonio, TX 78249 | City; S                                | State; Zip Code                      |   |
| 8   | Principal occupa Civil Engineer | tion / Job title (See instructions)                                 |  | 9 Employer (See instru<br>Parra & Co | ictions)                                  |
|   | Date 5/31/2023                  | Full name of contributor  John Feik                                 | out-of-state P                         | AC (ID#_ <b>N</b> )                  | Amount of contribution (\$) <b>250.00</b> |
|   |                                 | Contributor address; 727 Elizabeth Road San Antonio, TX 78209       | City;                                  | State; Zip Code                      |   |
| Principal occupation / Job title (See instructions) Employer (S<br>Self employed Self |                                 | Employer (See instru<br><b>Self</b>                                 | ictions)                               |                                      |   |
|   | Date<br>5/31/2023               | Full name of contributor<br>Abel Chávez                             | out-of-state P                         | AC (ID#_ <b>N</b> )                  | Amount of contribution (\$) <b>250.00</b> |
|   |                                 | Contributor address; 635 Leigh Street San Antonio, TX 78210         | City;                                  | State; Zip Code                      |   |
| Principal occupation / Job title (See instructions)  Presi                            |                                 |   | Employer (See instructions) OLLU       |                                      |   |
|   | Date 5/31/2023                  | Full name of contributor  Marty Wolins                              | out-of-state P                         | AC (ID# <b>N</b> )                   | Amount of contribution (\$) 500.00        |
|   |                                 | Contributor address;<br>8357 Rochelle Road<br>San Antonio, TX 78240 | City;                                  | State; Zip Code                      |   |
|   | Principal occupa<br>Healthcare  | tion / Job title (See instructions)                                 |  | Employer (See instru                 | uctions)                                  |
|   |                                 |   |  |                                      |   |
|   |                                 |   |  |                                      |   |
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#### SCHEDULE A1

|   |                                    | The Instruction Guide explains how to complete this                            | form.   | 1 Total pages Schedule A1:<br>37 of 37  |  |
|---|------------------------------------|--|---|---|--|
| 2   | FILER NAME<br><b>Marina A Gavi</b> | to   |   | 3 Filer ID (Ethics Commission Filers)   |  |
| 4   | Date <b>5/31/2023</b>              | 5 Full name of contributor ☐ out-of-state PA  Kazim Fahim                      | AC (ID#_ <b>N</b> )                               | 7 Amount of contribution (\$)<br>250.00 |  |
|   |                                    | 6 Contributor address; City; S 409 E Olmos #C San Antonio, TX 78212            | State; Zip Code                                   |   |  |
| <ul> <li>8 Principal occupation / Job title (See instructions)</li> <li>Designer</li> <li>9 Employer (See instructions)</li> <li>Chamoy Creative</li> </ul> |                                    |  | uctions)  |   |  |
|   | Date 5/31/2023                     | Full name of contributor   | AC (ID# <b>N</b> )                                | Amount of contribution (\$) 250.00      |  |
|   |                                    | Contributor address; City; S 14018 Sage Bluff San Antonio, TX 78216            | State; Zip Code                                   |   |  |
|   | Principal occup                    | pation / Job title (See instructions)  | Employer (See instru                              | uctions)                                |  |
|   | Date 5/31/2023                     | Full name of contributor   | AC (ID#_ <b>N</b> )                               | Amount of contribution (\$) 250.00      |  |
|   |                                    | Contributor address; City; S 112 East Pecan Street #1450 San Antonio, TX 78205 | State; Zip Code                                   |   |  |
| Principal occupation / Job title (See instructions) Attorney  |                                    |  | Employer (See instructions)  Chamberlain Hrdlicka |   |  |
|   | Date                               | Full name of contributor   | AC (ID#)  | Amount of contribution (\$)             |  |
|   |                                    | Contributor address; City; S   |   |   |  |
|   | Principal occup                    | pation / Job title (See instructions)  | Employer (See instru                              | uctions)                                |  |
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#### SCHEDULE A2

|  | The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A2:<br>1 of 5   |  |  |
|--|---|--|--|--|--|
| 2 FILER NAM<br>Marina A G  |   |  | 3 Filer ID (Ethics Commission Filers)  |  |  |
| TOTAL OF   | UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$ 0   |  |  |
| 5 Date<br>5/23/2023  | 108 Geneseo   | N )  | 8 Amount of Contribution \$ 500.00 9 In-kind contribution description Fundraiser venue & food  |  |  |
| 10 Principal occ   | San Antonio, TX 78209  cupation / Job title (FOR NON-JUDICIAL) (See instructions)  curtner            | 11 Employer (F   | Check if travel outside of Texas, complete Schedule T FOR NON-JUDICIAL) (See instructions) urce, LTD   |  |  |
| 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<br><b>5/31/2023</b>   | Full name of contributor  Rosemary Kowalski  Contributor address;  PO Box 1361  San Antonio, TX 78296 | N ) Code   | Amount of Contribution \$ 250.00  In-kind contribution description  Fundraiser venue & food  Check if travel outside of Texas, complete Schedule T |  |  |
|  | cupation / Job title (FOR NON-JUDICIAL) (See instructions)  | Employer (FOR NON-JUDICIAL) (See instructions)  Catering by Rosemary |  |  |  |
|  | principal occupation (FOR JUDICIAL)   | _  | 's job title (FOR JUDICIAL) (See instructions)   |  |  |
| Contributor's  | employer/law firm (FOR JUDICIAL)  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)             |  |  |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |  |  |  |  |
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#### SCHEDULE A2

| The                           | Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A2:<br>2 of 5   |  |  |  |
|-------------------------------|--|---|--|--|--|--|
| 2 FILER NAME                  |  |   | 3 Filer ID (Ethics Commission Filers)  |  |  |  |
| Marina A Gavit                | to   |   |  |  |  |  |
| TOTAL OF UN                   | IITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |   | \$   |  |  |  |
| 5/31/2023                     | Full name of contributor  Jane Macon  Contributor address; City; State; Zip  300 Convent St #2700  San Antonio, TX 78205 | N )   | 8 Amount of Contribution \$ 250.00 9 In-kind contribution description Fundraiser venue & food  Check if travel outside of Texas, complete Schedule T |  |  |  |
| 10 Principal occupat          | tion / Job title (FOR NON-JUDICIAL) (See instructions)   | 11 Employer (F  | FOR NON-JUDICIAL) (See instructions)   |  |  |  |
| 12 Contributor's prin         | cipal occupation (FOR JUDICIAL)  | 13 Contributor  | s job title (FOR JUDICIAL) (See instructions)  |  |  |  |
| 14 Contributor's emp          | oloyer/law firm (FOR JUDICIAL)   | 15 Law firm of  | contributor's spouse (if any) (FOR JUDICIAL)   |  |  |  |
| <b>16</b> If contributor is a | 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |   |  |  |  |  |
| Date 5/31/2023                | Full name of contributor  Mary Rose Brown  Contributor address;  City; State; Zip  | N ) Code  | Amount of Contribution \$ 250.00 In-kind contribution description Fundraiser venue & food  |  |  |  |
|                               | Contributor address; City; State; Zip 48 Vineyard San Antonio, TX 78257  | Couc  | Check if travel outside of Texas, complete Schedule T  |  |  |  |
| Principal occupat             | tion / Job title (FOR NON-JUDICIAL) (See instructions)   |   | Employer (FOR NON-JUDICIAL) (See instructions)  Nustar Energy  |  |  |  |
| Contributor's prin            | cipal occupation (FOR JUDICIAL)  | Contributor's job title (FOR JUDICIAL) (See instructions) |  |  |  |  |
| Contributor's emp             | ployer/law firm (FOR JUDICIAL)   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |  |  |  |  |
| If contributor is a           | If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |   |  |  |  |  |
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#### SCHEDULE A2

|  | The Instruction Guide explains how to complete this form             | n. 1 Total pages Schedule A2: 3 of 5  |  |  |
|--|--|---|--|--|
| _  | LER NAME<br>arina A Gavito   | 3 Filer ID (Ethics Commission Filers)   |  |  |
| <b>4</b> TO  | OTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                   | <b>\$</b>   |  |  |
| 5 Dat<br>5/31/2  | Camille Denton   | 9 In-kind contribution description Fundraiser venue & food  |  |  |
|  | ncipal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  | 11 Employer (FOR NON-JUDICIAL) (See instructions) Retired   |  |  |
| <b>12</b> Cor  | ntributor's principal occupation (FOR JUDICIAL)                      | 13 Contributor's job title (FOR JUDICIAL) (See instructions)  |  |  |
| <b>14</b> Cor  | ntributor's employer/law firm (FOR JUDICIAL)                         | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)   |  |  |
| <b>16</b> If co  | ontributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |  |  |
| Dat<br><b>5/31/2</b>   | 2023 Laddie Denton   | Amount of Contribution \$ 250.00  In-kind contribution description Fundraiser venue & food  Check if travel outside of Texas, complete Schedule T |  |  |
|  | ncipal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  | Employer (FOR NON-JUDICIAL) (See instructions)  Bitterblue, Inc. Dilettante   |  |  |
| Сог  | ntributor's principal occupation (FOR JUDICIAL)                      | Contributor's job title (FOR JUDICIAL) (See instructions)   |  |  |
| Сог  | ntributor's employer/law firm (FOR JUDICIAL)                         | Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |  |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |   |  |  |
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#### SCHEDULE A2

|  |   | The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A2:<br>4 of 5  |  |  |
|--|---|--|---|---|--|--|
| 2  | FILER NAME  |  |   | 3 Filer ID (Ethics Commission Filers)   |  |  |
| 4  | TOTAL OF  | UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$  |  |  |
| 5 Date 5/31/2023 6 Full name of contributor out-of-state PAC (ID#_N  John T Montford  7 Contributor address; City; State; Zip Code 1 Buckingham Ct |   |  |   | 8 Amount of Contribution \$ 250.00 9 In-kind contribution description Fundraiser venue & food   |  |  |
| 10   | Principal occi<br>President a                       | San Antonio, TX 78257  upation / Job title (FOR NON-JUDICIAL) (See instructions)  nd CEO   | 11 Employer (FOR NON-JUDICIAL) (See instructions)  JTM Consulting |   |  |  |
| 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)  |   |   |  |  |
| 5/3  | Date<br>31/2023                                     | Full name of contributor out-of-state PAC (ID#_Caroline McDonald Contributor address; City; State; Zip 100 NE Loop 410 #1385 San Antonio, TX 78216 | N )<br>O Code   | Amount of Contribution \$ 250.00  In-kind contribution description Fundraiser venue & food  Check if travel outside of Texas, complete Schedule T |  |  |
|  | Principal occi                                      | upation / Job title (FOR NON-JUDICIAL) (See instructions)  |   | FOR NON-JUDICIAL) (See instructions)  McDonaald PLLC  |  |  |
|  |   | principal occupation (FOR JUDICIAL)  | Contributor's job title (FOR JUDICIAL) (See instructions)         |   |  |  |
|  | Contributor's                                       | employer/law firm (FOR JUDICIAL)   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)          |   |  |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |   |  |   |   |  |  |
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#### SCHEDULE A2

|  |                              | The Instruction Guide explains how to complete this form.                             |   | 1 Total pages Schedule A2:<br>5 of 5  |  |
|--|------------------------------|---|---|---|--|
| 2  | 2 FILER NAME Marina A Gavito |   |   | 3 Filer ID (Ethics Commission Filers)   |  |
| 4  | TOTAL OF                     | UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |   | \$  |  |
| 5 Date 5/31/2023  6 Full name of contributor out-of-state PAC (ID#_N  Ken Brown  7 Contributor address; City; State; Zip  100 NE Loop 410 #1385  San Antonio, TX 78216 |                              |   | N )<br>O Code   | 8 Amount of Contribution \$ 250.00 9 In-kind contribution description Fundraiser venue & food |  |
| 10   | Principal occi               | upation / Job title (FOR NON-JUDICIAL) (See instructions)                             |   | Check if travel outside of Texas, complete Schedule TOR 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)                             | l   |   |  |
|  | Date                         | Full name of contributor out-of-state PAC (ID#  Contributor address; City; State; Zig | )<br>O Code   | Amount of Contribution \$ In-kind contribution description                                    |  |
|  | Principal occi               | upation / Job title (FOR NON-JUDICIAL) (See instructions)                             | Employer (F   | Check if travel outside of Texas, complete Schedule T OR NON-JUDICIAL) (See instructions)     |  |
|  | Contributor's                | principal occupation (FOR JUDICIAL)   | Contributor's job title (FOR JUDICIAL) (See instructions) |   |  |
|  | Contributor's                | employer/law firm (FOR JUDICIAL)  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |   |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |                              |   |   |   |  |
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#### **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

|    | 1                       | The Instruction Guide explains how to complete this form. |               | 1 Total pages Schedule B:<br>1 of 1                                     |
|----|-------------------------|---|---------------|---|
| 2  | FILER NAME  Marina A Ga | vito  |               | 3 Filer ID (Ethics Commission Filers)                                   |
| 4  | TOTAL OF U              | JNITEMIZED PLEDGES  |               | \$ 0  |
| 5  | Date                    | 6 Full name of pledgor out-of-state PAC (ID#              | )             | 8 Amount of Pledge \$ 9 In-kind contribution description                |
| 10 | Principal occu          | pation / Job title (See instructions)                     | 11 Employer ( | Check if travel outside of Texas, complete Schedule T See instructions) |
|    | Date                    | Full name of pledgor out-of-state PAC (ID#                |               | Amount of Pledge \$ In-kind contribution description                    |
|    |                         |   | 1             | Check if travel outside of Texas, complete Schedule T                   |
|    | Principal occu          | pation / Job title (See instructions)                     | Employer (    | See instructions)   |
|    | Date                    | Full name of pledgor out-of-state PAC (ID#_               | )             | Amount of Pledge \$   |
|    |                         | Pledgor address; City; State; Zip Co                      | ode           | Check if travel outside of Texas, complete Schedule T                   |
|    | Principal occu          | pation / Job title (See instructions)                     | Employer (    | See instructions)   |
|    | Date                    | Full name of pledgor out-of-state PAC (ID#                | )             | Amount of Pledge \$   |
|    | Principal occu          | pation / Job title (See instructions)                     | Employer (    | Check if travel outside of Texas, complete Schedule T See instructions) |
|    |                         | ATTACH ADDITIONAL COPIES OF T                             |               |   |
|    |                         | ATTACH ADDITIONAL COPIES OF T                             |               |   |

#### **LOANS** SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 1 of 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marina A Gavito 4 TOTAL OF UNITEMIZED LOANS \$ o 5 Date of loan 7 Name of lender out-of-state PAC (ID#\_ 9 Loan Amount (\$) 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest rate financial institution? 11 Maturity date **12** Principal occupation / Job title (See instructions) 13 Employer (See instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See instructions) none **16** GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** 18 Guarantor address; City; State; Zip Code 20 Principal occupation (See instructions) 21 Employer (See instructions) Date of loan Name of lender out-of-state PAC (ID#\_ Loan Amount (\$) Is lender a Lender address; State; Zip Code Interest rate financial institution? Maturity date Principal occupation / Job title (See instructions) Employer (See instructions) **Description of Collateral** Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor **INFORMATION** City; State: Guarantor address: Zip Code not applicable Principal occupation (See instructions) Employer (See instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense
Fees
Food/Reverage Exper

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

| Candidate/Officeholder/Political C<br>Credit Card Payment   | Committee Legal Services Salario  The Instruction Guide explains how to cor              | es/Wages/Contract Labor nplete this form | Other (enter a category not listed above) |  |  |  |
|---|--|--|---|--|--|--|
| 1 Total pages Schedule F1:<br>1 of 22                       | 2 FILER NAME Marina A Gavito   |  | 3 Filer ID (Ethics Commission Filers)     |  |  |  |
| 4 Date<br>4/27/2023   | 5 Payee name<br>Mailchimp  |  |   |  |  |  |
| 6 Amount (\$)<br>106.60                                     | 7 Payee address; City; State; Zip<br>675 Ponce de Leon Ave NE #5000<br>Atlanta, GA 30308 | ) Code                                   |   |  |  |  |
| 8 PURPOSE OF EXPENDITURE                                    | (a) Category (See categories listed at the top of this schedule) Advertising Expense     | (b) Description Email blast              |   |  |  |  |
|   | (c) Check if travel outside of Texas, complete schedul                                   | le T Check if Au                         | ustin, TX, officeholder living expense    |  |  |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C |  | Office sought Council District 7         | Office held<br><b>None</b>                |  |  |  |
| Date<br><b>4/27/2023</b>                                    | Payee name<br>Facebook   |  |   |  |  |  |
| Amount (\$)<br><b>75.00</b>                                 | Payee address; City; State; Zip 1 Hacker Way Menlo Park, CA 94025                        | ) Code                                   |   |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See categories listed at the top of this schedule) Advertising Expense         | Description<br>Social Media              |   |  |  |  |
|   | Check if travel outside of Texas, complete schedul                                       | le T Check if Au                         | ustin, TX, officeholder living expense    |  |  |  |
| Complete ONLY if direct expenditure to benefit C/C          |  | Office sought Council District 7         | Office held<br>None                       |  |  |  |
| Date<br>4/28/2023   | Payee name Facebook  |  |   |  |  |  |
| Amount (\$)<br><b>75.00</b>                                 | Payee address; City; State; Zip 1 Hacker Way Menlo Park, CA 94025                        | O Code                                   |   |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                | Category (See categories listed at the top of this schedule)  Advertising Expense        | Description<br>Social Media              |   |  |  |  |
|   | Check if travel outside of Texas, complete schedul                                       | le T Check if Au                         | ustin, TX, officeholder living expense    |  |  |  |
| Complete ONLY if direct expenditure to benefit C/C          |  | Office sought Council District 7         | Office held<br>None                       |  |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                      |  |   |  |  |  |

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|  | EXPENDITURE CATEGORIES  | FOR BOX 8(a)                      |  |
|--|---|-----------------------------------|--|
| Accounting/Banking                                 |   | oan Repayment/Reimbursement       | Solicitation/Fundraising Expense   |
| · ·  |   | Office Overhead/Rental Expense    | Transportation Equipment & Related Expense   |
| Consulting Expense Contributions/Donations Made By |   | Polling Expense Printing Expense  | Travel in District Travel Out Of District  |
| Candidate/Officeholder/Political C                 |   | Salaries/Wages/Contract Labor     | Other (enter a category not listed above)  |
| Credit Card Payment                                | The Instruction Guide explains how to   | _                                 |  |
| 1 Total pages Schedule F1:                         | 2 FILER NAME  |                                   | 3 Filer ID (Ethics Commission Filers)  |
| 2 of 22  | Marina A Gavito   |                                   | <b>3</b> · mai · |
| 4 Date   | 5 Payee name  |                                   |  |
| 4/28/2023  | Bill Miller   |                                   |  |
| 6 Amount (\$)                                      | <b>7</b> Payee address; City; State;  | Zip Code                          |  |
| 12.29  | 430 S Santa Rosa Ave  | Zip Oodc                          |  |
|  | San Antonio, TX 78207   |                                   |  |
|  | our Antonio, 1X 10201   |                                   |  |
| 8  | (a) Category (See categories listed at the top of this sched                              | dule) (b) Description             |  |
| PURPOSE  | Food/Beverage Expense   | Food expense                      |  |
| OF   |   |                                   |  |
| EXPENDITURE  | _   |                                   |  |
|  | (c) Check if travel outside of Texas, complete sch  | nedule T Check if A               | Austin, TX, officeholder living expense  |
| 9 Complete ONLY if direct                          | Candidate / Officeholder name   | Office sought                     | Office held  |
| expenditure to benefit C/C                         | OH Marina A. Gavito   | Council District 7                | None   |
|  |   |                                   |  |
| Date   | Payee name  |                                   |  |
| 4/28/2023  | Frank Ramirez   |                                   |  |
| Amount (\$)  | Payee address; City; State;   | Zip Code                          |  |
| 3500.00  | 2105 Clamp  | •                                 |  |
|  | San Antonio, TX 78221   |                                   |  |
|  |   |                                   |  |
|  | Category (See categories listed at the top of this sched<br>Salaries/Wages/Contract Labor | dule) Description Campaign team   |  |
| PURPOSE  | Salaries/Wages/Contract Labor   | Campaign team                     |  |
| OF   |   |                                   |  |
| EXPENDITURE  |   |                                   |  |
|  | Check if travel outside of Texas, complete sch  | <u> </u>                          | Austin, TX, officeholder living expense  |
| Complete ONLY if direct                            |   | Office sought                     | Office held  |
| expenditure to benefit C/C                         | OH Marina A. Gavito   | Council District 7                | None   |
|  |   |                                   |  |
| Date   | Payee name  |                                   |  |
| 5/1/2023   | Michelle Cantu  |                                   |  |
| Amount (\$)  | Payee address; City; State;   | Zip Code                          |  |
| 540.00   | 4911 Bluff St   |                                   |  |
|  | San Antonio, TX 78228   |                                   |  |
|  | Category (See categories listed at the top of this sched                                  | tulo) Description                 |  |
| DUDDOOF  | Salaries/Wages/Contract Labor   | Description Blockwalker           |  |
| PURPOSE<br>OF                                      |   |                                   |  |
| OF<br>EXPENDITURE                                  |   |                                   |  |
| EXI ENDITORE                                       | Check if travel outside of Texas, complete sch  | andula T Chack if                 | Austin, TX, officeholder living expense  |
| Complete ONLY if direct                            |   |                                   |  |
| Complete ONLY if direct expenditure to benefit C/C |   | Office sought  Council District 7 | Office held None   |
|  | marina za Gazito  | Journal District /                |  |
|  |   |                                   |  |
|  | ATTACH ADDITIONAL COPIES OF TH  | IS SCHEDULE AS NEEDE              | ĒD   |
|  |   |                                   |  |

|  | EXPENDITURE CATEGORIES  | FOR BOX 8(a)   |   |
|--|---|--|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Fees Food/Beverage Expense Gifts/Awards/Memorials Expense 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 t  | o complete this form   |   |
| 1 Total pages Schedule F1:<br>3 of 22  | 2 FILER NAME Marina A Gavito  |  | 3 Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date <b>5/1/2023</b>  | 5 Payee name Tina Acosta  |  |   |
| 6 Amount (\$)<br>640.00  | 7 Payee address; City; State; 3435 East Southcross Blvd. #1103 San Antonio, TX 78223      | Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor | (b) Description Blockwalker  |   |
|  | (c) Check if travel outside of Texas, complete so   | hedule T Check if  | Austin, TX, officeholder living expense   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  |   | Office sought  Council District 7  | Office held<br><b>None</b>  |
| Date 5/1/2023  | Payee name Michelle Garcia  |  |   |
| Amount (\$)<br><b>640.00</b>   | Payee address; City; State; 114 Tipperary Ave. San Antonio, TX 78223                      | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor     | Description Blockwalker  |   |
|  | Check if travel outside of Texas, complete sc   | hedule T Check if  | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |   | Office sought Council District 7   | Office held<br><b>None</b>  |
| Date<br><b>5/1/2023</b>  | Payee name<br>Facebook  |  |   |
| Amount (\$)<br><b>125.00</b>   | Payee address; City; State;  1 Hacker Way  Menlo Park, CA 94025                           | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Advertising Expense               | Description Social Media   |   |
|  | Check if travel outside of Texas, complete so   | hedule T Check if  | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |   | Office sought Council District 7   | Office held<br><b>None</b>  |
|  | ATTACH ADDITIONAL COPIES OF TH  | IIS SCHEDULE AS NEEDI  | ED  |

|  | EXPENDITURE CATEGORIES  | FOR BOX 8(a)  |   |
|--|---|---|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Fees Food/Beverage Expense Gifts/Awards/Memorials Expense                                 | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor o complete this form | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:   | 2 FILER NAME Marina A Gavito  |   | 3 Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date <b>5/1/2023</b>  | 5 Payee name Alexander Garcia   |   |   |
| 6 Amount (\$)<br>640.00  | 7 Payee address; City; State;<br>114 Tipperary Ave.<br>San Antonio, TX 78223              | Zip Code  |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor | Blockwalker   |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  |   | Office sought  Council District 7   | Office held  None   |
| Date <b>5/2/2023</b>   | Payee name Jimmy Stead  |   |   |
| Amount (\$)<br>250.00  | Payee address; City; State; 3914 Royal Forest San Antonio, TX 78230                       | Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Other: Refund                     | Description Return Campaign   | contribution  |
|  | Check if travel outside of Texas, complete so   | hedule T Check if A   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>Marina A. Gavito</b>                               | Office sought Council District 7  | Office held<br><b>None</b>  |
| Date <b>5/2/2023</b>   | Payee name<br><b>Anedot</b>   |   |   |
| Amount (\$)<br><b>15.00</b>  | Payee address; City; State;<br>1340 Poydras Street #1770<br>New Orleans, LA 70112         | Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Fees                              | Description Anedot Return Fe  | ee  |
|  | Check if travel outside of Texas, complete so   | hedule T Check if A   | Austin, TX, officeholder living expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C  |   | Office sought Council District 7  | Office held<br><b>None</b>  |
|  | ATTACH ADDITIONAL COPIES OF TH  | IIS SCHEDULE AS NEEDE   | ED.   |

|  | EXPENDITURE CATEGORIES  | FOR BOX 8(a)                     |  |
|--|---|----------------------------------|--|
| Accounting/Banking                                 |   | _oan Repayment/Reimbursement     | Solicitation/Fundraising Expense           |
| Advertising Expense                                |   | Office Overhead/Rental Expense   | Transportation Equipment & Related Expense |
| Consulting Expense Contributions/Donations Made By |   | Polling Expense Printing Expense | Travel in District Travel Out Of District  |
| Candidate/Officeholder/Political C                 |   | Salaries/Wages/Contract Labor    | Other (enter a category not listed above)  |
| Credit Card Payment                                | The Instruction Guide explains how to   | -                                |  |
| 1 Total pages Schedule F1:                         | 2 FILER NAME  |                                  | 3 Filer ID (Ethics Commission Filers)      |
| 5 of 22  | Marina A Gavito   |                                  | <b>3</b> · mai · i 2 (                     |
| 4 Date   | 5 Payee name  |                                  |  |
| 5/2/2023   | Panera Bread  |                                  |  |
| 6 Amount (\$)                                      | <b>7</b> Payee address; City; State;  | Zip Code                         |  |
| 29.40  | 9106 N Loop 1604 W  | Zip Oodc                         |  |
| 20.10  | San Antonio, TX 78249   |                                  |  |
|  | San Antonio, 12 70243   |                                  |  |
| 8  | (a) Category (See categories listed at the top of this sched                              | dule) (b) Description            |  |
| PURPOSE  | Food/Beverage Expense   | Food expense                     |  |
| OF   |   |                                  |  |
| EXPENDITURE  |   |                                  |  |
|  | (c) Check if travel outside of Texas, complete sci  | hedule T Check if A              | Austin, TX, officeholder living expense    |
| 9 Complete ONLY if direct                          |   | Office sought                    | Office held                                |
| expenditure to benefit C/C                         | OH Marina A. Gavito   | Council District 7               | None                                       |
|  |   |                                  |  |
| Date   | Payee name  |                                  |  |
| 5/2/2023   | Pericos   |                                  |  |
| Amount (\$)  | Payee address; City; State;   | Zip Code                         |  |
| 43.99  | 10820 Bandera Rd  | p                                |  |
|  | San Antonio, TX 78250   |                                  |  |
|  |   |                                  |  |
|  | Category (See categories listed at the top of this sched                                  |                                  |  |
| PURPOSE  | Food/Beverage Expense   | Food expense                     |  |
| OF   |   |                                  |  |
| EXPENDITURE  |   |                                  |  |
|  | Check if travel outside of Texas, complete scl  | hedule T Check if A              | Austin, TX, officeholder living expense    |
| Complete ONLY if direct                            |   | Office sought                    | Office held                                |
| expenditure to benefit C/C                         | OH Marina A. Gavito   | Council District 7               | None                                       |
|  |   |                                  |  |
| Date   | Payee name  |                                  |  |
| 5/2/2023   | Rosalinda Ramos   |                                  |  |
| Amount (\$)  | Payee address; City; State;   | Zip Code                         |  |
| 100.00   | 8231 Meadow Sun St.   | ·                                |  |
|  | San Antonio, TX 78251   |                                  |  |
|  |   |                                  |  |
|  | Category (See categories listed at the top of this sched<br>Salaries/Wages/Contract Labor | Description Blockwalker          |  |
| PURPOSE  | Salaries/Wages/Contract Labor   | Diockwaikei                      |  |
| OF   |   |                                  |  |
| EXPENDITURE  |   |                                  |  |
|  | Check if travel outside of Texas, complete scl  | hedule T Check if /              | Austin, TX, officeholder living expense    |
| Complete ONLY if direct                            |   | Office sought                    | Office held                                |
| expenditure to benefit C/C                         | OH Marina A. Gavito   | Council District 7               | None                                       |
|  |   |                                  |  |
|  | ATTACH ADDITIONAL CODICS OF THE   | IS SCHEDULE AS MEED              |  |
|  | ATTACH ADDITIONAL COPIES OF TH  | IS SCHEDULE AS NEED!             | <u>:υ</u>                                  |

|  | EXPENDITURE CATEGORIE   | S FOR BOX 8(a)   |   |
|--|---|--|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to complete this form | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:<br>6 of 22  | 2 FILER NAME Marina A Gavito  | 10 compress une rom  | 3 Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date <b>5/3/2023</b>  | 5 Payee name Dunkin   |  |   |
| 6 Amount (\$)<br>12.49   | 7 Payee address; City; State;<br>7551 Bandera Rd<br>San Antonio, TX 78238   | Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this sch Food/Beverage Expense  | (b) Description Food expense   |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  |   | Office sought  Council District 7  | Austin, TX, officeholder living expense Office held None  |
| Date <b>5/3/2023</b>   | Payee name Bill Miller  |  |   |
| Amount (\$)<br>12.29   | Payee address; City; State; 430 S Santa Rosa Ave San Antonio, TX 78207  | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sch Food/Beverage Expense  | Description Food expense   |   |
|  | Check if travel outside of Texas, complete s  | chedule T Check if A   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |   | Office sought Council District 7   | Office held<br><b>None</b>  |
| Date 5/3/2023  | Payee name<br>Facebook  |  |   |
| Amount (\$)<br><b>175.00</b>   | Payee address; City; State;  1 Hacker Way  Menlo Park, CA 94025   | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sch Advertising Expense  | Description Social Media   |   |
|  | Check if travel outside of Texas, complete s  | chedule T Check if A   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |   | Office sought Council District 7   | Office held<br>None   |
|  | ATTACH ADDITIONAL COPIES OF T   | HIS SCHEDULE AS NEEDE  | ED  |

|  | EXPENDITURE CATEGORIES   | S FOR BOX 8(a)   |   |
|--|--|--|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Fees Food/Beverage Expense Gifts/Awards/Memorials Expense                                    | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to complete this form | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:<br>7 of 22  | 2 FILER NAME Marina A Gavito   |  | 3 Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date <b>5/3/2023</b>  | 5 Payee name Bill Miller   |  |   |
| 6 Amount (\$)<br>21.16   | 7 Payee address; City; State;<br>430 S Santa Rosa Ave<br>San Antonio, TX 78207               | Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this sche Food/Beverage Expense            | (b) Description Food expense   |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Check if travel outside of Texas, complete so Candidate / Officeholder name Marina A. Gavito | Office sought  Council District 7  | Austin, TX, officeholder living expense Office held None  |
| Date <b>5/4/2023</b>   | Payee name Chick-fil-a   |  |   |
| Amount (\$)<br>10.94   | Payee address; City; State;<br>2660 SW Military Dr<br>San Antonio, TX 78224                  | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Food/Beverage Expense                | Description Food expense   |   |
|  | Check if travel outside of Texas, complete so  | chedule T Check if   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>Marina A. Gavito</b>                                  | Office sought Council District 7   | Office held<br>None   |
| Date <b>5/4/2023</b>   | Payee name<br>Sweet Chelas   |  |   |
| Amount (\$)<br><b>60.00</b>  | Payee address; City; State; 2118 Cincinnati Ave San Antonio, TX 78228                        | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Food/Beverage Expense                | Description Event - dessert  |   |
|  | Check if travel outside of Texas, complete so  | chedule T Check if   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |  | Office sought Council District 7   | Office held<br><b>None</b>  |
|  | ATTACH ADDITIONAL COPIES OF TH   | IIS SCHEDULE AS NEED!  | ED .  |

|  | EXPENDITURE CATEGO   | RIES FOR BOX 8(a)  |   |
|--|--|--|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>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) |
| Credit Card r ayment   | The Instruction Guide explains h   | ow to complete this form   |   |
| 1 Total pages Schedule F1:<br>8 of 22  | 2 FILER NAME Marina A Gavito   |  | 3 Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date <b>5/5/2023</b>  | 5 Payee name<br>Facebook   |  |   |
| 6 Amount (\$)<br>250.00  | 7 Payee address; City; Star<br>1 Hacker Way<br>Menlo Park, CA 94025                    | te; Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this Advertising Expense             | schedule) (b) Description Social Media   |   |
|  | (c) Check if travel outside of Texas, comple   | te schedule T Check if A   | Austin, TX, officeholder living expense   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Candidate / Officeholder name  Marina A. Gavito  | Office sought  Council District 7  | Office held<br>None   |
| Date<br>5/8/2023   | Payee name<br>Christina Garza  |  |   |
| Amount (\$)<br><b>120.00</b>   | Payee address; City; Star<br>2131 S Navidad St<br>San Antonio, TX 78251                | te; Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this Salaries/Wages/Contract Labor       | schedule) Description Blockwalker  |   |
|  | Check if travel outside of Texas, comple   | te schedule T Check if A   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>Marina A. Gavito</b>                            | Office sought Council District 7   | Office held<br>None   |
| Date<br><b>5/8/2023</b>  | Payee name<br>Lisas Mexican Restaurant   |  |   |
| Amount (\$)<br>1800.00   | Payee address; City; Star<br>815 Bandera Rd<br>San Antonio, TX 78228                   | te; Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this <b>Event Expense</b>                | schedule) Description Event  |   |
|  | Check if travel outside of Texas, comple   | te schedule T Check if A   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |  | Office sought Council District 7   | Office held<br>None   |
|  | ATTACH ADDITIONAL COPIES OF  | THIS SCHEDULE AS NEEDE   | ED.   |

|  | EXPENDITURE CATEGORIES  | FOR BOX 8(a)   |   |
|--|---|--|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Fees O Food/Beverage Expense P Gifts/Awards/Memorials Expense P Legal Services S:     | can Repayment/Reimbursement<br>ffice Overhead/Rental Expense<br>colling Expense<br>rinting Expense<br>alaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:<br>9 of 22  | The Instruction Guide explains how to  2 FILER NAME  Marina A Gavito                  | complete this form   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 5/8/2023  | 5 Payee name Tagueria Chapala   |  | <u> </u>  |
| 6 Amount (\$)<br>164.60  | 7 Payee address; City; State;<br>1902 McCullough Ave<br>San Antonio, TX 78212         | Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this schedule Food/Beverage Expense | (b) Description Poll Watcher- for  | od expense  |
|  | (c) Check if travel outside of Texas, complete sch                                    | edule T Check if   | Austin, TX, officeholder living expense   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  |   | Office sought Council District 7   | Office held<br><b>None</b>  |
| Date 5/9/2023  | Payee name<br>Alejandro Avila   |  |   |
| Amount (\$)<br>500.00  | Payee address; City; State; 1850 Fredericksburg Rd San Antonio, TX 78201              | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule Event Expense             | Description Event Marachis   |   |
|  | Check if travel outside of Texas, complete sch  | edule T Check if   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |   | Office sought Council District 7   | Office held<br>None   |
| Date<br><b>5/9/2023</b>  | Payee name Prestige Printing  |  |   |
| Amount (\$)<br><b>1667.05</b>  | Payee address; City; State; 8 Burwood Ln San Antonio, TX 78216                        | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule Printing Expense          | Description Mailer   |   |
|  | Check if travel outside of Texas, complete sch  | edule T Check if   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |   | Office sought Council District 7   | Office held<br>None   |
|  | ATTACH ADDITIONAL COPIES OF THE   | S SCHEDULE AS NEEDI  | <b>E</b> D  |

|   | EXPENDITURE CATEGORIES   | FOR BOX 8(a)                                    |  |
|---|--|---|--|
| Accounting/Banking  |  | pan Repayment/Reimbursement                     | Solicitation/Fundraising Expense                                 |
| Advertising Expense   |  | ffice Overhead/Rental Expense                   | Transportation Equipment & Related Expense                       |
| Consulting Expense  | - · · · · · · · · · · · · · · · · · · ·                        | olling Expense                                  | Travel in District   |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political C |  | rinting Expense<br>alaries/Wages/Contract Labor | Travel Out Of District Other (enter a category not listed above) |
| Credit Card Payment   | The Instruction Guide explains how to                          | -   | Other (enter a category not listed above)                        |
| 1 Total pages Schedule F1:  | 2 FILER NAME   |   | 3 Filer ID (Ethics Commission Filers)                            |
| 10 of 22  | Marina A Gavito  |   | 3 Ther ID (Lunes Commission Fliers)                              |
| <b>4</b> Date   | 5 Payee name   |   | <u> </u>   |
| 5/10/2023   | LULAC  |   |  |
| 6 Amount (\$)   | <b>7</b> Payee address; City; State;                           | Zip Code  |  |
| 80.00   | 342 W Woodlawn #201  | ·   |  |
|   | San Antonio, TX 78228  |   |  |
|   |  |   |  |
| 8   | (a) Category (See categories listed at the top of this schedul | (b) Description                                 |  |
| PURPOSE   | Event Expense  | Event   |  |
| OF  |  |   |  |
| EXPENDITURE   | (-)  |   |  |
|   | (C) Check if travel outside of Texas, complete school          |   | Austin, TX, officeholder living expense                          |
| 9 Complete ONLY if direct   |  | Office sought                                   | Office held  |
| expenditure to benefit C/C  | OH Marina A. Gavito  | Council District 7                              | None   |
|   |  |   |  |
| Date  | Payee name   |   |  |
| 5/15/2023   | St. Pauls  |   |  |
| Amount (\$)   | Payee address; City; State;                                    | Zip Code  |  |
| 200.00  | 307 John Adams Dr  |   |  |
|   | San Antonio, TX 78228  |   |  |
|   | Category (See categories listed at the top of this schedu      | ule) Description                                |  |
| PURPOSE   | Event Expense  | Event   |  |
| OF  |  |   |  |
| EXPENDITURE   |  |   |  |
| ZXI ZXIJITOXZ   | Check if travel outside of Texas, complete sche                | edule T Check if A                              | Austin, TX, officeholder living expense                          |
| Complete ONLY if direct   |  | Office sought                                   | Office held  |
| expenditure to benefit C/C  |  | Council District 7                              | None   |
| experience to believe or  | marma A. Gavito  | Gourier District 7                              | None   |
| Dete  | D  |   |  |
| Date<br><b>5/15/2023</b>  | Payee name Pericos   |   |  |
|   |  |   |  |
| Amount (\$)   | Payee address; City; State;                                    | Zip Code  |  |
| 43.45   | 10820 Bandera Rd   |   |  |
|   | San Antonio, TX 78250  |   |  |
|   | Category (See categories listed at the top of this schedu      | Description                                     |  |
| PURPOSE   | Food/Beverage Expense  | Event- Food Exp                                 | ense   |
| OF  | <b>.</b>   |   |  |
| EXPENDITURE   |  |   |  |
| EXPENDITORE   | Check if travel outside of Toyon, complete solv                | adula T Chack if                                | Austin TV officeholder living expense                            |
| Complete ONLY if direct   | Check if travel outside of Texas, complete sche                | Office sought                                   | Austin, TX, officeholder living expense Office held              |
| expenditure to benefit C/C  |  | Council District 7                              | None   |
| and the position of the   | maina Ai Garito  | Journal District /                              |  |
|   |  |   |  |
|   | ATTACH ADDITIONAL COPIES OF THIS                               | S SCHEDULE AS NEED!                             | ≣D   |
|   |  |   |  |

|   | EXPENDITURE CATEGORIES  | FOR BOX 8(a)   |   |
|---|---|--|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co | Fees C Food/Beverage Expense P Gifts/Awards/Memorials Expense P                             | oan Repayment/Reimbursement  office Overhead/Rental Expense  olling Expense  rinting Expense  alaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| Credit Card Payment   | The Instruction Guide explains how to   | complete this form   |   |
| 1 Total pages Schedule F1:<br>11 of 22  | 2 FILER NAME Marina A Gavito  |  | 3 Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date <b>5/16/2023</b>  | 5 Payee name<br>Rosalinda Ramos   |  |   |
| 6 Amount (\$)<br>200.00   | 7 Payee address; City; State;<br>8231 Meadow Sun St.<br>San Antonio, TX 78251               | Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See categories listed at the top of this schede Salaries/Wages/Contract Labor | (b) Description<br>Blockwalker   |   |
|   | (c) Check if travel outside of Texas, complete sch  | edule T Check if   | Austin, TX, officeholder living expense   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C   |   | Office sought Council District 7   | Office held<br><b>None</b>  |
| Date 5/17/2023  | Payee name<br>Flagship Campaigns  |  |   |
| Amount (\$)<br>3000.00  | Payee address; City; State; 56 Oak Villa Rd Canyon Lake, TX 78133                           | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See categories listed at the top of this schede Polling Expense                   | Description Field work   |   |
|   | Check if travel outside of Texas, complete sch  | edule T Check if   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C  |   | Office sought Council District 7   | Office held<br><b>None</b>  |
| Date<br><b>5/19/2023</b>  | Payee name<br>Anamarie Garcia   |  |   |
| Amount (\$)<br><b>700.00</b>  | Payee address; City; State;<br>1419 Melissa Sue<br>San Antonio, TX 78228                    | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See categories listed at the top of this schede Salaries/Wages/Contract Labor     | Description Blockwalker  |   |
|   | Check if travel outside of Texas, complete sch  | edule T Check if   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C  |   | Office sought Council District 7   | Office held<br><b>None</b>  |
|   | ATTACH ADDITIONAL COPIES OF THI   | S SCHEDULE AS NEED   | ED  |

|  | EXPENDITURE CATEGORIES   | FOR BOX 8(a)  |   |
|--|--|---|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Fees<br>Food/Beverage Expense<br>Gifts/Awards/Memorials Expense                              | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor complete this form | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:   | 2 FILER NAME Marina A Gavito   |   | 3 Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date <b>5/19/2023</b>   | 5 Payee name<br>Ben Guajardo   |   |   |
| 6 Amount (\$)<br>1500.00   | 7 Payee address; City; State;<br>2826 Wilson<br>San Antonio, TX 78201                        | Zip Code  |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor    | Field   |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Check if travel outside of Texas, complete so Candidate / Officeholder name Marina A. Gavito | Office sought  Council District 7   | Austin, TX, officeholder living expense Office held None  |
| Date 5/19/2023   | Payee name<br>Esperanza Garcia   |   |   |
| Amount (\$)<br><b>700.00</b>   | Payee address; City; State;<br>1418 Melissa Sue<br>San Antonio, TX 78228                     | Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor        | dule) Description Blockwalker   |   |
|  | Check if travel outside of Texas, complete so  | hedule T Check if A   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>Marina A. Gavito</b>                                  | Office sought Council District 7  | Office held<br><b>None</b>  |
| Date <b>5/19/2023</b>  | Payee name<br>Inez Garcia  |   |   |
| Amount (\$)<br><b>700.00</b>   | Payee address; City; State;<br>1666 SW 19th St<br>San Antonio, TX 78207                      | Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor        | dule) Description Blockwalker   |   |
|  | Check if travel outside of Texas, complete so  | hedule T Check if A   | Austin, TX, officeholder living expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C  |  | Office sought Council District 7  | Office held<br>None   |
|  | ATTACH ADDITIONAL COPIES OF TH   | IIS SCHEDULE AS NEEDE   | ED  |

|  | EXPENDITURE CATEGORIES   | FOR BOX 8(a)  |   |
|--|--|---|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Fees Food/Beverage Expense Gifts/Awards/Memorials Expense                                      | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor o complete this form | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:   | 2 FILER NAME Marina A Gavito   | ·   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 5/19/2023   | 5 Payee name<br>Isaac Ybarra   |   |   |
| 6 Amount (\$)<br>700.00  | 7 Payee address; City; State;<br>1667 SW 19th St<br>San Antonio, TX 78207                      | Zip Code  |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this sched Salaries/Wages/Contract Labor     | Blockwalker   |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Check if travel outside of Texas, complete so  Candidate / Officeholder name  Marina A. Gavito | Office sought  Council District 7   | Austin, TX, officeholder living expense Office held None  |
| Date <b>5/22/2023</b>  | Payee name<br>Rositas  |   |   |
| Amount (\$)<br>107.38  | Payee address; City; State; 7500 Eckhert Road #580 San Antonio, TX 78240                       | Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sched<br>Event Expense                      | dule) Description Event   |   |
|  | Check if travel outside of Texas, complete sc  | hedule T Check if A   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>Marina A. Gavito</b>                                    | Office sought Council District 7  | Office held<br><b>None</b>  |
| Date <b>5/22/2023</b>  | Payee name<br><b>Stephanie Garcia</b>  |   |   |
| Amount (\$)<br><b>560.00</b>   | Payee address; City; State; 3207 Mission River San Antonio, TX 78245                           | Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sched Salaries/Wages/Contract Labor         | Description Blockwalker   |   |
|  | Check if travel outside of Texas, complete sc  | hedule T Check if   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |  | Office sought Council District 7  | Office held<br><b>None</b>  |
|  | ATTACH ADDITIONAL COPIES OF TH   | IS SCHEDULE AS NEED!  | ED .  |

| Accounting/Panking                                  | EXPENDITURE CATEGORIES   |  | Collection/Fundraising Funance  |
|---|--|--|---|
| Accounting/Banking Advertising Expense              | Fees C   | oan Repayment/Reimbursement Office Overhead/Rental Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense |
| Consulting Expense Contributions/Donations Made By  |  | Polling Expense<br>Printing Expense                        | Travel in District Travel Out Of District                                   |
| Candidate/Officeholder/Political C                  |  | 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:<br>14 of 22              | 2 FILER NAME Marina A Gavito   |  | 3 Filer ID (Ethics Commission Filers)                                       |
| <b>4</b> Date <b>5/22/2023</b>                      | 5 Payee name<br>Rosalinda Ramos  |  |   |
| 6 Amount (\$)<br>840.00                             | 7 Payee address; City; State;<br>8231 Meadow Sun St.<br>San Antonio, TX 78251              | Zip Code   |   |
| 8 PURPOSE OF  | (a) Category (See categories listed at the top of this sched Salaries/Wages/Contract Labor | (b) Description Blockwalker                                |   |
| EXPENDITURE   | (c) Check if travel outside of Texas, complete sch   | padula T Chack if A  | Austin TV officeholder living expense                                       |
| 9 Complete ONLY if direct                           | Check if travel outside of Texas, complete sch   | Office sought  | Austin, TX, officeholder living expense Office held                         |
| expenditure to benefit C/C                          |  | Council District 7   | None  |
| Date<br><b>5/22/2023</b>                            | Payee name<br>Michelle Cantu   |  |   |
| Amount (\$)<br><b>340.00</b>                        | Payee address; City; State; 4911 Bluff St  | Zip Code   |   |
|   | San Antonio, TX 78228  |  |   |
| PURPOSE<br>OF                                       | Category (See categories listed at the top of this sched Salaries/Wages/Contract Labor     | Description Blockwalker                                    |   |
| EXPENDITURE   |  |  |   |
|   | Check if travel outside of Texas, complete sch   | nedule T Check if A  | Austin, TX, officeholder living expense                                     |
| Complete ONLY if direct expenditure to benefit C/C  | Candidate / Officeholder name  Marina A. Gavito  | Office sought Council District 7                           | Office held<br>None   |
| Date<br>5/22/2023                                   | Payee name Christina Garza   |  |   |
| Amount (\$)<br><b>400.00</b>                        | Payee address; City; State;<br>2131 S Navidad St<br>San Antonio, TX 78251                  | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See categories listed at the top of this sched Salaries/Wages/Contract Labor     | Description Blockwalker                                    |   |
|   | Check if travel outside of Texas, complete sch   | nedule T Check if A  | Austin, TX, officeholder living expense                                     |
| Complete ONLY if direct expenditure to benefit C/C  |  | Office sought Council District 7                           | Office held<br><b>None</b>  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED |  |  |   |

|  | EXPENDITURE CATEGORIES   | FOR BOX 8(a)   |   |
|--|--|--|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Fees C<br>Food/Beverage Expense F<br>Gifts/Awards/Memorials Expense F                      | coan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:   | 2 FILER NAME   | · ·  | 3 Filer ID (Ethics Commission Filers)   |
| 15 of 22   | Marina A Gavito  |  | • (   |
| <b>4</b> Date <b>5/22/2023</b>   | 5 Payee name<br>Christina Garza  |  |   |
| 6 Amount (\$)<br>400.00  | 7 Payee address; City; State;<br>2131 S Navidad St<br>San Antonio, TX 78251                | Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this sched Salaries/Wages/Contract Labor | (b) Description Blockwalker  |   |
|  | (c) Check if travel outside of Texas, complete sch   |  | ustin, TX, officeholder living expense  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Candidate / Officeholder name<br>OH  | Office sought  | Office held   |
| Date<br><b>5/23/2023</b>   | Payee name<br>CAVA   |  |   |
| Amount (\$)<br><b>79.02</b>  | Payee address; City; State;<br>999 E Basse Rd #125<br>San Antonio, TX 78209                | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sched Food/Beverage Expense             | Description Food expense   |   |
|  | Check if travel outside of Texas, complete sch   | nedule T Check if A  | ustin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name  Marina A. Gavito  | Office sought Council District 7   | Office held<br><b>None</b>  |
| Date<br><b>5/24/2023</b>   | Payee name<br>Harland Clarke   |  |   |
| Amount (\$)<br>41.93   | Payee address; City; State; 5800 Northwest Pkwy San Antonio, TX 78249                      | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sched<br>Accounting/Banking             | Description Checks   |   |
|  | Check if travel outside of Texas, complete sch   | nedule T Check if A  | ustin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/C   |  | Office sought Council District 7   | Office held<br>None   |
|  | ATTACH ADDITIONAL COPIES OF THI  | S SCHEDULE AS NEEDE  | D   |

|  | EXPENDITURE CATEGORI   | ES FOR BOX 8(a)  |   |
|--|--|--|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains ho | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor w to complete this form | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:<br>16 of 22   | 2 FILER NAME Marina A Gavito   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 5/24/2023   | 5 Payee name<br>Facebook   | ,  |   |
| 6 Amount (\$)<br>159.94  | 7 Payee address; City; State 1 Hacker Way Menlo Park, CA 94025   | ; Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this so Advertising Expense  | Social Media   |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  |  | Office sought  Council District 7  | Office held  None   |
| Date <b>5/25/2023</b>  | Payee name  JVC Media  |  |   |
| Amount (\$)<br>415.68  | Payee address; City; State 7113 San Pedro Ave #391 San Antonio, TX 78216   | ; Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this so Advertising Expense  | Description T-shirts   |   |
|  | Check if travel outside of Texas, complete   | schedule T Check if A  | sustin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |  | Office sought Council District 7   | Office held<br><b>None</b>  |
| Date 5/25/2023   | Payee name<br>JVC Media  |  |   |
| Amount (\$)<br><b>1769.90</b>  | Payee address; City; State 7113 San Pedro Ave #391 San Antonio, TX 78216   | ; Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this so<br><b>Printing Expense</b>   | Description Signs and Shirts   |   |
|  | Check if travel outside of Texas, complete   | schedule T Check if A  | uustin, TX, officeholder living expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C  |  | Office sought Council District 7   | Office held<br><b>None</b>  |
|  | ATTACH ADDITIONAL COPIES OF  | THIS SCHEDULE AS NEEDE   | ED.   |

|   | EXPENDITURE CATEGORIES  |   |   |
|---|---|---|---|
| Accounting/Banking Advertising Expense                                | •   | Loan Repayment/Reimbursement Office Overhead/Rental Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense |
| Consulting Expense  |   | Polling Expense   | Travel in District Travel Out Of District                                   |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political C |   | Printing Expense<br>Salaries/Wages/Contract Labor           | Other (enter a category not listed above)                                   |
| Credit Card Payment   | The Instruction Guide explains how to   | o complete this form  |   |
| 1 Total pages Schedule F1:<br>17 of 22                                | 2 FILER NAME Marina A Gavito  |   | 3 Filer ID (Ethics Commission Filers)                                       |
| <b>4</b> Date <b>5/25/2023</b>  | 5 Payee name Alamo Mailing  |   |   |
| 6 Amount (\$)<br>5156.30  | 7 Payee address; City; State;   | Zip Code  |   |
| 3130.30   | San Antonio, TX 78233   |   |   |
| PURPOSE   | (a) Category (See categories listed at the top of this sched Solicitation/Fundraising Expense | (b) Description Mailer                                      |   |
| OF<br>EXPENDITURE   |   |   |   |
|   | (c) Check if travel outside of Texas, complete so   |   | Austin, TX, officeholder living expense                                     |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C           | Candidate / Officeholder name  Marina A. Gavito   | Office sought Council District 7                            | Office held<br><b>None</b>  |
| Date<br><b>5/25/2023</b>  | Payee name<br>Norma Denham  |   |   |
| Amount (\$)<br>2000.00  | Payee address; City; State; PO Box 461753 San Antonio, TX 78246                               | Zip Code  |   |
| PURPOSE<br>OF   | Category (See categories listed at the top of this sched Solicitation/Fundraising Expense     | Description Fundraiser                                      |   |
| EXPENDITURE   | Check if travel outside of Texas, complete sc   | hedule T Check if A   | Austin, TX, officeholder living expense                                     |
| Complete ONLY if direct expenditure to benefit C/C                    | Candidate / Officeholder name<br>DH <b>Marina A. Gavito</b>                                   | Office sought Council District 7                            | Office held<br><b>None</b>  |
| Date<br>5/25/2023   | Payee name Sign Busters   |   |   |
| Amount (\$)<br><b>2120.00</b>   | Payee address; City; State; 330 W Baetz Blvd San Antonio, TX 78221                            | Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See categories listed at the top of this scheen Printing Expense                    | Description Sign labor                                      |   |
|   | Check if travel outside of Texas, complete sc   | hedule T Check if   | Austin, TX, officeholder living expense                                     |
| Complete ONLY if direct expenditure to benefit C/C                    |   | Office sought Council District 7                            | Office held<br><b>None</b>  |
|   | ATTACH ADDITIONAL COPIES OF TH  | IS SCHEDULE AS NEED!  | ED .  |

|  | EXPENDITURE CATEGORIE   | S FOR BOX 8(a)   |   |
|--|---|--|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Event Expense Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Legal Services The Instruction Guide explains how | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to complete this form | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:<br>18 of 22   | 2 FILER NAME Marina A Gavito  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 5/26/2023   | 5 Payee name Destinee Mendoza   |  |   |
| 6 Amount (\$)<br>600.00  | 7 Payee address; City; State;<br>122 Rosebud<br>San Antonio, TX 78211   | Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor                                 | Blockwalker  |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Check if travel outside of Texas, complete s  Candidate / Officeholder name  Marina A. Gavito                             | Office sought  Council District 7  | Austin, TX, officeholder living expense Office held None  |
| Date <b>5/26/2023</b>  | Payee name<br>Rosemary Merino   |  |   |
| Amount (\$)<br><b>570.00</b>   | Payee address; City; State; 8230 Meadow Sun St. San Antonio, TX 78251   | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor                                     | Description Blockwalker  |   |
|  | Check if travel outside of Texas, complete s  | chedule T Check if   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>Marina A. Gavito</b>   | Office sought Council District 7   | Office held<br><b>None</b>  |
| Date <b>5/26/2023</b>  | Payee name<br>Esperanza Garcia  |  |   |
| Amount (\$)<br><b>980.00</b>   | Payee address; City; State;<br>1418 Melissa Sue<br>San Antonio, TX 78228  | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this school Salaries/Wages/Contract Labor                                   | Description Blockwalker  |   |
|  | Check if travel outside of Texas, complete s  | chedule T Check if   | Austin, TX, officeholder living expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C  |   | Office sought Council District 7   | Office held<br>None   |
|  | ATTACH ADDITIONAL COPIES OF TH  | HIS SCHEDULE AS NEED!  | ED  |

|  | EXPENDITURE CATEGORIES   | FOR BOX 8(a)   |   |
|--|--|--|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Fees Food/Beverage Expense Gifts/Awards/Memorials Expense                                    | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor to complete this form | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:   | 2 FILER NAME Marina A Gavito   | ·  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 5/26/2023   | 5 Payee name Anamarie Garcia   |  |   |
| 6 Amount (\$)<br>980.00  | 7 Payee address; City; State;<br>1419 Melissa Sue<br>San Antonio, TX 78228                   | Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor    | Blockwalker  |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Check if travel outside of Texas, complete so Candidate / Officeholder name Marina A. Gavito | Office sought  Council District 7  | Austin, TX, officeholder living expense Office held None  |
| Date <b>5/26/2023</b>  | Payee name<br>Isaac Ybarra   |  |   |
| Amount (\$)<br>980.00  | Payee address; City; State;<br>1667 SW 19th St<br>San Antonio, TX 78207                      | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor        | dule) Description Blockwalker  |   |
|  | Check if travel outside of Texas, complete so  | chedule T Check if   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>Marina A. Gavito</b>                                  | Office sought Council District 7   | Office held<br><b>None</b>  |
| Date <b>5/26/2023</b>  | Payee name<br>Inez Garcia  |  |   |
| Amount (\$)<br><b>980.00</b>   | Payee address; City; State;<br>1666 SW 19th St<br>San Antonio, TX 78207                      | Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor        | dule) Description Blockwalker  |   |
|  | Check if travel outside of Texas, complete so  | chedule T Check if   | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |  | Office sought Council District 7   | Office held<br><b>None</b>  |
|  | ATTACH ADDITIONAL COPIES OF TH   | IIS SCHEDULE AS NEED!  | ED .  |

|  | EXPENDITURE CATEGORIES   | FOR BOX 8(a)  |   |
|--|--|---|---|
| Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment | Fees<br>Food/Beverage Expense<br>Gifts/Awards/Memorials Expense                              | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor complete this form | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule F1:<br>20 of 22   | 2 FILER NAME Marina A Gavito   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 5/26/2023   | 5 Payee name<br>Christina Garza  |   |   |
| 6 Amount (\$)<br>600.00  | 7 Payee address; City; State;<br>2131 S Navidad St<br>San Antonio, TX 78251                  | Zip Code  |   |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor    | Blockwalker   |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/C  | Check if travel outside of Texas, complete so Candidate / Officeholder name Marina A. Gavito | Office sought  Council District 7   | Austin, TX, officeholder living expense Office held None  |
| Date 5/30/2023   | Payee name<br>Rosalinda Ramos  |   |   |
| Amount (\$)<br><b>710.00</b>   | Payee address; City; State;<br>8231 Meadow Sun St.<br>San Antonio, TX 78251                  | Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor        | dule) Description Blockwalker   |   |
|  | Check if travel outside of Texas, complete so  | chedule T Check if A  | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH <b>Marina A. Gavito</b>                                  | Office sought Council District 7  | Office held<br><b>None</b>  |
| Date 5/30/2023   | Payee name<br>Michelle Cantu   |   |   |
| Amount (\$)<br><b>480.00</b>   | Payee address; City; State;<br>4911 Bluff St<br>San Antonio, TX 78228                        | Zip Code  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this sche Salaries/Wages/Contract Labor        | Description Blockwalker   |   |
|  | Check if travel outside of Texas, complete so  | chedule T Check if  | Austin, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/C   |  | Office sought Council District 7  | Office held<br><b>None</b>  |
|  | ATTACH ADDITIONAL COPIES OF TH   | IIS SCHEDULE AS NEED!   | ED .  |

|  | EXPENDITURE CATEGORIES   | FOR BOX 8(a)                                   |   |
|--|--|--|---|
| Accounting/Banking                     | ·  | Loan Repayment/Reimbursement                   | Solicitation/Fundraising Expense                              |
| Advertising Expense Consulting Expense |  | Office Overhead/Rental Expense Polling Expense | Transportation Equipment & Related Expense Travel in District |
| Contributions/Donations Made By        |  | Printing Expense                               | Travel Out Of District  |
| Candidate/Officeholder/Political C     | committee Legal Services   | Salaries/Wages/Contract Labor                  | Other (enter a category not listed above)                     |
| Credit Card Payment                    | The Instruction Guide explains how t   | o complete this form                           |   |
| 1 Total pages Schedule F1:<br>21 of 22 | 2 FILER NAME Marina A Gavito   |  | 3 Filer ID (Ethics Commission Filers)                         |
|  |  |  |   |
| 4 Date<br>5/30/2023                    | 5 Payee name<br>Mailchimp  |  |   |
| 6 Amount (\$)                          | <b>7</b> Payee address; City; State;   | Zip Code                                       |   |
| 106.60                                 | 675 Ponce de Leon Ave NE #5000   |  |   |
|  | Atlanta, GA 30308  |  |   |
| 8                                      | (a) Category (See categories listed at the top of this sche                      | dule) (b) Description                          |   |
| PURPOSE                                | Advertising Expense  | Email  |   |
| OF                                     | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |   |
| EXPENDITURE                            |  |  |   |
|  | (c) Check if travel outside of Texas, complete so                                | hedule T Check if                              | Austin, TX, officeholder living expense                       |
| 9 Complete ONLY if direct              | Candidate / Officeholder name  | Office sought                                  | Office held   |
| expenditure to benefit C/C             | OH Marina A. Gavito  | Council District 7                             | None  |
|  |  |  |   |
| Date                                   | Payee name   |  |   |
| 5/30/2023                              | Stephanie Garcia   |  |   |
| Amount (\$)                            | Payee address; City; State;  | Zip Code                                       |   |
| 840.00                                 | 3207 Mission River   |  |   |
|  | San Antonio, TX 78245  |  |   |
|  | Category (See categories listed at the top of this sche                          | dule) Description                              |   |
| PURPOSE                                | Salaries/Wages/Contract Labor  | Blockwalker                                    |   |
| OF                                     |  |  |   |
| EXPENDITURE                            |  |  |   |
|  | Check if travel outside of Texas, complete so                                    | hedule T Check if A                            | Austin, TX, officeholder living expense                       |
| Complete ONLY if direct                | Candidate / Officeholder name  | Office sought                                  | Office held   |
| expenditure to benefit C/C             | OH Marina A. Gavito  | Council District 7                             | None  |
|  |  |  |   |
| Date                                   | Payee name   |  |   |
| 5/31/2023                              | Chipotle   |  |   |
| Amount (\$)                            | Payee address; City; State;  | Zip Code                                       |   |
| 28.04                                  | 3928 Broadway  |  |   |
|  | San Antonio, TX 78209  |  |   |
|  | Onto your (See estanging listed at the top of this cabo                          | dula) December in a                            |   |
| DUDDOSE                                | Category (See categories listed at the top of this sche<br>Food/Beverage Expense | dule) Description Food expense                 |   |
| PURPOSE<br>OF                          | . coa/2010lage 2/poiles  |  |   |
| EXPENDITURE                            |  |  |   |
| LXI LIBITORE                           | Check if travel outside of Texas, complete so                                    | hedule T Check if A                            | Austin, TX, officeholder living expense                       |
| Complete ONLY if direct                |  | Office sought                                  | Office held   |
| expenditure to benefit C/C             |  | Council District 7                             | None  |
| ,                                      |  |  |   |
|  |  |  |   |
|  | ATTACH ADDITIONAL COPIES OF TH   | IS SCHEDULE AS NEED!                           | ĒD  |
|  |  |  |   |

|  | EXPENDITURE CATEGORIES   |   |   |
|--|--|---|---|
| Accounting/Banking Advertising Expense             | ·  | oan Repayment/Reimbursement  Office Overhead/Rental Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense |
| Consulting Expense Contributions/Donations Made By |  | Polling Expense<br>Printing Expense                         | Travel in District Travel Out Of District                                   |
| Candidate/Officeholder/Political C                 |  | 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:<br>22 of 22             | 2 FILER NAME Marina A Gavito   |   | 3 Filer ID (Ethics Commission Filers)                                       |
| <b>4</b> Date <b>5/31/2023</b>                     | 5 Payee name Prestige Printing   |   |   |
| 6 Amount (\$)                                      | 7 Payee address; City; State;  | Zip Code  |   |
| 4091.85  | 8 Burwood Ln   |   |   |
|  | San Antonio, TX 78216  |   |   |
| 8 PURPOSE OF                                       | (a) Category (See categories listed at the top of this sched<br>Printing Expense | (b) Description Mailer                                      |   |
| EXPENDITURE  |  |   |   |
|  | (c) Check if travel outside of Texas, complete sch                               | nedule T Check if A   | Austin, TX, officeholder living expense                                     |
| 9 Complete ONLY if direct                          | Candidate / Officeholder name  | Office sought   | Office held   |
| expenditure to benefit C/C                         | OH Marina A. Gavito  | Council District 7  | None  |
| Date<br><b>5/31/2023</b>                           | Payee name Anedot  |   |   |
| Amount (\$)  | Payee address; City; State;  | Zip Code  |   |
| 1172.50  | 1340 Poydras Street #1770  |   |   |
|  | New Orleans, LA 70112  |   |   |
|  | Category (See categories listed at the top of this sched                         |   |   |
| PURPOSE  | Food/Beverage Expense  | Transaction fees  |   |
| OF<br>EXPENDITURE                                  |  |   |   |
| EXI ENDITORE                                       | Check if travel outside of Texas, complete sch                                   | nedule T Check if A   | Austin, TX, officeholder living expense                                     |
| Complete ONLY if direct                            | Candidate / Officeholder name  | Office sought   | Office held   |
| expenditure to benefit C/C                         | Marina A. Gavito   | Council District 7  | None  |
|  |  |   |   |
| Date<br><b>5/31/2023</b>                           | Payee name Bill Miller   |   |   |
| Amount (\$)  | Payee address; City; State;  | Zip Code  |   |
| 12.29  | 430 S Santa Rosa Ave   |   |   |
|  | San Antonio, TX 78207  |   |   |
|  | Category (See categories listed at the top of this sched                         |   |   |
| PURPOSE  | Food/Beverage Expense  | Food expense  |   |
| OF<br>EXPENDITURE                                  |  |   |   |
| EXPENDITORE  | Check if travel outside of Texas, complete sch                                   | nedule T Check if A   | Austin, TX, officeholder living expense                                     |
| Complete ONLY if direct                            |  | Office sought   | Office held   |
| expenditure to benefit C/C                         |  | Council District 7  | None  |
|  |  |   |   |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                              |   |   |
|  | ATTACITADDITIONAL COFIES OF THI  | O SOULDOLE AS NEED!   | -U  |

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

Solicitation/Fundraising Expense

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Accounting/Banking Advertising Expense

Event Expense Fees Food/Be

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| Advertising Expense Consulting Expense                              | Fees<br>Food/Beverage Expense                            | Office Overhead | d/Rental Expense | Transportation Equipment & Related Expense Travel in District |
|---|--|-----------------|------------------|---|
| Contributions/Donations Made By                                     | Gifts/Awards/Memorials Expense                           | Printing Expens | e                | Travel Out Of District  |
| Candidate/Officeholder/Political Co                                 | ommittee Legal Services  The Instruction Guide explair   | Salaries/Wages  |                  | Other (enter a category not listed above)                     |
| 1 Total pages Schedule F2:  | 2 FILER NAME   |                 |                  | 3 Filer ID (Ethics Commission Filers)                         |
| 1 of 1  | Marina A Gavito  |                 |                  | Filer ID (Ethics Commission Filers)                           |
|   |  |                 |                  |   |
| 4 TOTAL OF UNITEMIZ   | ED UNPAID INCURRED OBLIGATIONS                           |                 |                  | \$ 0  |
| <b>5</b> Date   | 6 Payee name   |                 |                  |   |
| 7 Amount (\$)   | 8 Payee address; City; State                             | e; Zip Code     |                  |   |
| 9 TYPE OF EXPENDITURE   | Political Non-Po   | olitical        |                  |   |
| 10  | (a) Category (See categories listed at the top of this s | schedule)       | (b) Description  |   |
| PURPOSE<br>OF   |  |                 |                  |   |
| EXPENDITURE   |  |                 |                  |   |
|   | (c) Check if travel outside of Texas, complete           | e schedule T    | Check if         | f Austin, TX, officeholder living expense                     |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C |  | Offic           | ce sought        | Office held   |
| Date  | Payee name   |                 |                  |   |
| Amount (\$)   | Payee address; City; State                               | e; Zip Code     |                  |   |
| TYPE OF<br>EXPENDITURE  | Political Non-Po   | olitical        |                  |   |
|   | Category (See categories listed at the top of this s     | schedule)       | Description      |   |
| PURPOSE   |  |                 |                  |   |
| OF<br>EXPENDITURE   |  |                 |                  |   |
| _, _, _,, _,, _,, _,, _,, _,, _,                                    | Check if travel outside of Texas, complete               | e schedule T    | Check if         | f Austin, TX, officeholder living expense                     |
| Complete ONLY if direct expenditure to benefit C/C                  |  | Offic           | ce sought        | Office held   |
|   |  |                 |                  |   |
|   | ATTACH ADDITIONAL COPIES O                               | F THIS SCHE     | DULE AS NEE      | DED   |

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

|   | Th                        | ne I | nstruction Guide explains how to complete this form.       | 1  | Total pages Schedule F3:<br>1 of 1  |
|---|---------------------------|------|--|----|-------------------------------------|
| 2 | FILER NAME  Marina A Gavi | to   |  | 3  | Filer ID (Ethics Commission Filers) |
| 4 | Date                      | 5    | Name of person from whom investment is purchased           |    |                                     |
|   |                           | 6    | Address of person from whom investment is purchased; City; |    |                                     |
|   |                           | 7    | Description of investment                                  |    |                                     |
|   |                           | 8    | Amount of investment (\$)                                  |    |                                     |
|   | Date                      |      | Name of person from whom investment is purchased           |    |                                     |
|   |                           | •    | Address of person from whom investment is purchased; City; | •  | State; Zip Code                     |
|   |                           |      | Description of investment                                  |    |                                     |
|   |                           |      | Amount of investment (\$)                                  |    |                                     |
|   |                           |      |  |    |                                     |
|   |                           |      | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE                  | AS | NEEDED                              |

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Travel in District

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Accounting/Banking Advertising Expense Consulting Expense

Event Expense Fees

Food/Beverage Expense
Gifts/Awards/Memorials Ex

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense

| Candidate/Officeholder/Political (                   | Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form | Other (enter a category not listed above)    |
|--|--|--|
| 1 Total pages Schedule F4:<br>1 of 1                 | 2 FILER NAME Marina A Gavito   | 3 Filer ID (Ethics Commission Filers)        |
| 4 TOTAL OF UNITEMIZ                                  | ZED EXPENDITURES CHARGED TO A CREDIT CARD  | \$ 0   |
| <b>5</b> Date  | 6 Payee name   |  |
| 7 Amount (\$)  | 8 Payee address; City; State; Zip Code   |  |
| 9 TYPE OF EXPENDITURE                                | Political Non-Political  |  |
| 10 PURPOSE OF EXPENDITURE                            | (a) Category (See categories listed at the top of this schedule) (b) Description                                 | n  |
| EXPENDITORE  | (c) Check if travel outside of Texas, complete schedule T Check  | k if Austin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/ |  | Office held                                  |
| Amount (\$)  | Payee address; City; State; Zip Code   |  |
| TYPE OF EXPENDITURE                                  | Political Non-Political  |  |
| PURPOSE<br>OF<br>EXPENDITURE                         | Category (See categories listed at the top of this schedule)  Descriptio   | n  |
|  | Check if travel outside of Texas, complete schedule T Check  | k if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/    |  | Office held                                  |
|  |  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE  | EDED   |

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Fees Food/Beverage Expense Gifts/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 of 1 Marina A Gavito 4 Date 5 Payee Name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended 8 (a) Category (See categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address; City; Zip Code Amount (\$) State; Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, complete schedule T Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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

Advertising Expense
Consulting Expense

Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

 Event Expense
 Loa

 Fees
 Offic

 Food/Beverage Expense
 Poll

 Gifts/Awards/Memorials Expense
 Prin

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

| Candidate/Officeholder/Political Credit Card Payment       | Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form |
|--|--|
| 1 Total pages Schedule H:<br>1 of 1                        | 2 FILER NAME Marina A Gavito  3 Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date  | 5 Business name  |
| <b>6</b> 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) Check if travel outside of Texas, complete schedule T Check if Austin, TX, officeholder living expense   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/ |  |
| Date   | Business name  |
| Amount (\$)  | Business address; City; State; Zip Code  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See categories listed at the top of this schedule)  Description  |
|  | Check if travel outside of Texas, complete schedule T  Check if Austin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/          | ct Candidate / Officeholder name Office sought Office held   |
| Date   | Business name  |
| Amount (\$)  | Business address; City; State; Zip Code  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See categories listed at the top of this schedule)  Description  |
|  | Check if travel outside of Texas, complete schedule T  Check if Austin, TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/          | ct Candidate / Officeholder name Office sought Office held   |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |

#### SCHEDULE

| The Instruction Guide explains how to complete this form. |   |  |  |  |
|---|---|--|--|--|
| 1 Total pages Schedule I:<br>1 of 1                       | 2 FILER NAME Marina A Gavito  | 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 | η (See instructions regarding type of information required.) |  |  |
| Date  | Payee name  |  |  |  |
| Amount (\$)   | Payee address; City; State; Zip Code  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)  Descriptio          | n (See instructions regarding type of information required.) |  |  |
| Date  | Payee name  |  |  |  |
| Amount (\$)   | Payee address; City; State; Zip Code  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)  Descriptio          | n (See instructions regarding type of information required.) |  |  |
| Date  | Payee name  |  |  |  |
| Amount (\$)   | Payee address; City; State; Zip Code  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)  Descriptio          | n (See instructions regarding type of information required.) |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED       |   |  |  |  |

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

#### SCHEDULE K

|   |  | 4.7.1.  |  |  |
|---|--|---|--|--|
| The   | 1 Total pages Schedule K: 1 of 1                               |   |  |  |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)           |  |  |
| Marina A Gavito                                     |  |   |  |  |
| <b>4</b> 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                         | eck 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                           | eck 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                           | eck 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                           | eck if political contribution returned to filer |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED |  |   |  |  |

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••  |   |   |  |  |
|--|---|---|--|--|
| C/OH NA  | AME<br>A Gavito   | Filer ID (Ethics Commission Filers)             |  |  |
| SIGNA  | TURE  |   |  |  |
| I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. |   |   |  |  |
|  | Signa Signa   | ture of Candidate / Officeholder                |  |  |
|  | WHO IS NOT AN OFFICEHOLDER olete A & B below only if you are not an officeholder. ••  |   |  |  |
| A.   | CAMPAIGN FUNDS  |   |  |  |
| Chec   | ck only one:  |   |  |  |
|  | I do not have unexpended contributions or unexpended interest or income earned from po  | litical contributions.                          |  |  |
|  | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. |   |  |  |
| В.   | ASSETS  |   |  |  |
| Chec   | ck 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 convert assets purchased with political contributions or interest or other income fruse. I also understand that I must dispose of assets purchased with political contributions Election Code, § 254.204.  | om political contributions to personal          |  |  |
|  |   | Signature of Candidate                          |  |  |
|  | EHOLDER olete this section only if you are an officeholder. ••  |   |  |  |
|  | I am aware that I remain subject to filing requirements applicable to an officeholder who do am also aware that I will be required to file reports of unexpended contributions if, after filing I retain political contributions, interest of other income from political contributions, or asset interest or other income from political contributions.  | ng the last required report as an officeholder, |  |  |
|  |   | Signature of Officeholder                       |  |  |