

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <b>30</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Marina</b>	MI <b>A</b>	OFFICE USE ONLY Date Received <b>1/16/2025 10:14:43AM</b>	
	NICKNAME	LAST <b>Gavito</b>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1850 Fredericksburg San Antonio TX 78201</b>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( <b>210</b> )	PHONE NUMBER <b>867-7342</b>	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>Ed</b>	MI	Receipt #	Amount \$
	NICKNAME	LAST <b>Garza</b>	SUFFIX	Date Processed <b>1/16/2025 10:14:43AM</b>	
	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1850 Fredericksburg San Antonio TX 78201</b>				
8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER -	EXTENSION		
9 REPORT TYPE	<b>January 15: Semi-Annual</b>				
10 PERIOD COVERED	Month Day Year <b>7/1/2024</b> THROUGH <b>12/31/2024</b>				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year <b>5/3/2025</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <b>Council District 7</b>		13 OFFICE SOUGHT (if known) <b>Council District 7</b>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> <b>Marina A Gavito</b>	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.
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COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  <hr/> COMMITTEE ADDRESS  <hr/> COMMITTEE CAMPAIGN TREASURER NAME  <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS  <hr/>
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☐ Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12125.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7531.90
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25977.64
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2047.07

## 18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\*\*\* Electronically Certified \*\*\*

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marina A Gavito, this the 15th day of January, 2025, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - COH

## FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME <b>Marina A Gavito</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 12125.00</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 7531.90</b>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$ 0</b>
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 10**

2 FILER NAME  
**Marina A Gavito**

3 Filer ID (Ethics Commission Filers)

4 Date  
**7/8/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**James Branch**

7 Amount of contribution (\$)  
**200.00**

6 Contributor address; City; State; Zip Code  
**842 East Magnolia Avenue.  
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)  
**Special Assistant**

9 Employer (See instructions)  
**LGC**

Date  
**7/11/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Frank Burney**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**112 E. Pecan St. #1616  
San Antonio, TX 78205**

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

Employer (See instructions)  
**Martin & Drought, P.C.**

Date  
**7/19/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Tilma Fertitta**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**1510 West Loop South.  
Houston , TX 77027**

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

Employer (See instructions)  
**Landrys**

Date  
**8/16/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**SA Prof Firefighters Assoc Local 624**

Amount of contribution (\$)  
**500.00**

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

Principal occupation / Job title (See instructions)  
**N/A**

Employer (See instructions)  
**PAC**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 10</b>
2 FILER NAME <b>Marina A Gavito</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/23/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Arthur Rodriguez</b> ..... 6 Contributor address; City; State; Zip Code <b>2101 W Summit Ave.</b> <b>San Antonio, TX 78201</b>	7 Amount of contribution (\$) <b>150.00</b>
8 Principal occupation / Job title (See instructions) <b>N/A</b>		9 Employer (See instructions) <b>Retired</b>
Date <b>9/24/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Killen Griffin &amp; Farrimond Political Committee</b> ..... Contributor address; City; State; Zip Code <b>10101 Reunion Place. #250</b> <b>San Antonio, TX 78216</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>PAC</b>
Date <b>9/24/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Robert P Braubach</b> ..... Contributor address; City; State; Zip Code <b>106 S St. Marys St.. #200</b> <b>San Antonio, TX 78206</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See instructions) <b>Attorney</b>		Employer (See instructions) <b>Law Offices of Robert P Braubach</b>
Date <b>9/24/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Linebarger Goggan Blair &amp; Sampson LLP</b> ..... Contributor address; City; State; Zip Code <b>PO Box 17428</b> <b>Austin , TX 78760</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>N/A</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**3 of 10**

2 FILER NAME  
**Marina A Gavito**

3 Filer ID (Ethics Commission Filers)

4 Date  
**9/25/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**James Reed**

7 Amount of contribution (\$)  
**200.00**

6 Contributor address; City; State; Zip Code  
**7317 Ashton Place.  
San Antonio, TX 78229**

8 Principal occupation / Job title (See instructions)  
**N/A**

9 Employer (See instructions)  
**retired**

Date  
**9/25/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Chris Aldrete**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**335 Country Wood Drive.  
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)  
**consultant**

Employer (See instructions)  
**Aldrete Strategic Partners, LLC**

Date  
**9/25/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Richard Robledo**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**8315 Kingsway St  
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)  
**Civil Service**

Employer (See instructions)  
**Randolph AFB**

Date  
**9/30/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jean-Christophe Florenson**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**1401 Fairview St.  
Houston , TX 77006**

Principal occupation / Job title (See instructions)  
**VP**

Employer (See instructions)  
**Dalkia Energy Solutions**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 of 10</b>
2 FILER NAME <b>Marina A Gavito</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/30/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Yuridia Quintanilla</b> ..... 6 Contributor address; City; State; Zip Code <b>1401 Fairview St.</b> <b>Houston , TX 77006</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Adminstrator</b>		9 Employer (See instructions) <b>New Fortress Energy</b>
Date <b>10/1/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Roy R. Ramos Jr</b> ..... Contributor address; City; State; Zip Code <b>7123 Mustang Creek.</b> <b>San Antonio, TX 78240</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Underwriter</b>		Employer (See instructions) <b>USAA Life Co</b>
Date <b>10/1/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Monica M Garcia</b> ..... Contributor address; City; State; Zip Code <b>7500 Callaghan Rd. #123</b> <b>San Antonio, TX 78229</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>consultant</b>		Employer (See instructions) <b>Self</b>
Date <b>10/2/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Laura Cabanilla</b> ..... Contributor address; City; State; Zip Code <b>3334 Nantucket Drive</b> <b>San Antonio, TX 78230</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Financial</b>		Employer (See instructions) <b>USAA</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5 of 10</b>
2 FILER NAME <b>Marina A Gavito</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/2/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rebecca Estrada</b> ..... 6 Contributor address; City; State; Zip Code <b>327 East Crestline San Antonio, TX 78201</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See instructions) <b>Sr Administrative Assistant</b>		9 Employer (See instructions) <b>San Antonio ISD</b>
Date <b>10/2/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Andrea Bianca Hernandez</b> ..... Contributor address; City; State; Zip Code <b>138 East Sunshine Drive San Antonio, TX 78228</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>IT Project Manager</b>		Employer (See instructions) <b>H-E-B</b>
Date <b>10/2/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Blake Yantis</b> ..... Contributor address; City; State; Zip Code <b>6812 West Avenue #100 San Antonio, TX 78213</b>	Amount of contribution (\$) <b>1000.00</b>
Principal occupation / Job title (See instructions) <b>President</b>		Employer (See instructions) <b>Mosaic Land Development</b>
Date <b>10/2/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brown &amp; McDonald PLLC</b> ..... Contributor address; City; State; Zip Code <b>100 NE Loop 410. #1385 San Antonio, TX 78216</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>N/A</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>6 of 10</b>
2 FILER NAME <b>Marina A Gavito</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/2/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Javier C Bocanegra MD</b> ..... 6 Contributor address; City; State; Zip Code <b>8505 Laurel Hill Dr.</b> <b>San Antonio, TX 78229</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See instructions) <b>Doctor</b>		9 Employer (See instructions) <b>Community Family Medicine</b>
Date <b>10/2/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joe Candelario</b> ..... Contributor address; City; State; Zip Code <b>4306 Muirfield.</b> <b>San Antonio, TX 78229</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>Retired</b>
Date <b>10/2/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Diana B Guadiano</b> ..... Contributor address; City; State; Zip Code <b>3202 Eisenhower Rd. #302</b> <b>San Antonio, TX 78209</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>CPA</b>		Employer (See instructions) <b>Self-Employed</b>
Date <b>10/2/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Diana Doria</b> ..... Contributor address; City; State; Zip Code <b>1502 Howard St. #2109</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>Retired</b>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**7 of 10**

2 FILER NAME  
**Marina A Gavito**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/2/2024**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Sarah McIornan**

7 Amount of contribution (\$)  
**100.00**

6 Contributor address; City; State; Zip Code  
**115 Paloma Dr.  
San Antonio, TX 78212**

8 Principal occupation / Job title (See instructions)  
**Homemaker**

9 Employer (See instructions)  
**N/A**

Date  
**10/3/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Ashley Molton**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**3736 Twisted Oak Dr  
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)  
**Marketing**

Employer (See instructions)  
**Texas Creative**

Date  
**10/3/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Kristen Connor**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**8650 Terra DI  
San Antonio, TX 78255**

Principal occupation / Job title (See instructions)  
**Analyst**

Employer (See instructions)  
**VHA**

Date  
**10/3/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Frank Herrera**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**105 Blackhawk Trl.  
San Antonio, TX 78232**

Principal occupation / Job title (See instructions)  
**N/A**

Employer (See instructions)  
**Retired**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**8 of 10**

**2** FILER NAME  
**Marina A Gavito**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**10/3/2024**

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Cecilia Herrera**

**7** Amount of contribution (\$)  
**500.00**

**6** Contributor address; City; State; Zip Code  
**105 Blackhawk Trl.  
San Antonio, TX 78232**

**8** Principal occupation / Job title (See instructions)  
**N/A**

**9** Employer (See instructions)  
**Retired**

Date  
**11/6/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Charlotte Creech**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**24934 Cloudy Creek  
San Antonio, TX 78255**

Principal occupation / Job title (See instructions)  
**Chief Program Offier**

Employer (See instructions)  
**Hire Heros USA**

Date  
**11/21/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**USAA PAC**

Amount of contribution (\$)  
**500.00**

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

Principal occupation / Job title (See instructions)  
**N/A**

Employer (See instructions)  
**PAC**

Date  
**11/27/2024**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Robert Clifford**

Amount of contribution (\$)  
**25.00**

Contributor address; City; State; Zip Code  
**8223 Evert St  
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)  
**N/A**

Employer (See instructions)  
**Retired**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9 of 10</b>
2 FILER NAME <b>Marina A Gavito</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/2/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Simon Falic</b> ..... 6 Contributor address; City; State; Zip Code <b>150 Harbour Way.</b> <b>Bal Harbour, FL 33154</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>Owner</b>		9 Employer (See instructions) <b>Duty Free</b>
Date <b>12/2/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Yashasim LLC</b> ..... Contributor address; City; State; Zip Code <b>6100 Hollywood Blvd. #407</b> <b>Hollywood , FL 33024</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>N/A</b>		Employer (See instructions) <b>N/A</b>
Date <b>12/10/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mohammad S Rana</b> ..... Contributor address; City; State; Zip Code <b>13426 Baldwin Ridge.</b> <b>San Antonio, TX 78249</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Business Owner</b>		Employer (See instructions) <b>Retail/Convenience Stores</b>
Date <b>12/10/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Veronica Garcia Garibay</b> ..... Contributor address; City; State; Zip Code <b>13426 Baldwin Ridge.</b> <b>San Antonio, TX 78249</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See instructions) <b>Retail Manager</b>		Employer (See instructions) <b>Retail/Convenience Stores</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>10 of 10</b>
2 FILER NAME <b>Marina A Gavito</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/10/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>HNB Investment LLC</b> ..... 6 Contributor address; City; State; Zip Code <b>13538 Barsan Rd.</b> <b>San Antonio, TX 78249</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See instructions) <b>N/A</b>		9 Employer (See instructions) <b>N/A</b>
Date <b>12/30/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kazim Fahim</b> ..... Contributor address; City; State; Zip Code <b>409 E Olmos Dr</b> <b>San Antonio, TX 78212</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See instructions) <b>Associate Creative Director</b>		Employer (See instructions) <b>Chamoy Creative</b>
Date <b>12/31/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Marcie Trevino Ripper</b> ..... Contributor address; City; State; Zip Code <b>200 Briarcliff</b> <b>San Antonio, TX 78213</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See instructions) <b>Consultant</b>		Employer (See instructions) <b>SATX Consultants</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See instructions)		Employer (See instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
1 of 1

2 FILER NAME  
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral  
☐ none

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

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal occupation (See instructions)

21 Employer (See instructions)

Date of loan

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

Loan Amount (\$)

Is lender a  
financial  
institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral  
☐ none

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

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 5</b>	<b>2</b> FILER NAME <b>Marina A Gavito</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/29/2024</b>	<b>5</b> Payee name <b>Mailchimp</b>		
<b>6</b> Amount (\$) <b>117.26</b>	<b>7</b> Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertising Expense</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name <b>Marina A. Gavito</b>		Office sought <b>Council District 8</b>	Office held <b>None</b>
Date <b>8/7/2024</b>	Payee name <b>Pape-Dawson Engineers PAC</b>		
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>2000 NW Loop 410 San Antonio , TX 78213</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Other: Other</b>		Description <b>Refunded Contribution</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name <b>Marina A. Gavito</b>		Office sought <b>Council District 8</b>	Office held <b>None</b>
Date <b>8/23/2024</b>	Payee name <b>GoDaddy</b>		
Amount (\$) <b>66.51</b>	Payee address; City; State; Zip Code <b>2155 E. GoDaddy Way Tempe, AZ 85284</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertising Expense</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name <b>Marina A. Gavito</b>		Office sought <b>Council District 8</b>	Office held <b>None</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>2 of 5</b>	<b>2</b> FILER NAME <b>Marina A Gavito</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>8/27/2024</b>	<b>5</b> Payee name <b>Mailchimp</b>		
<b>6</b> Amount (\$) <b>117.26</b>	<b>7</b> Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Advertising Expense</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Marina A. Gavito</b> Office sought <b>Council District 8</b> Office held <b>None</b>			
Date <b>9/17/2024</b>	Payee name <b>Camp Outpost</b>		
Amount (\$) <b>77.40</b>	Payee address; City; State; Zip Code <b>1811 S Alamo St San Antonio, TX 78204</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <b>Food/Beverage Expense</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Marina A. Gavito</b> Office sought <b>Council District 8</b> Office held <b>None</b>			
Date <b>9/27/2024</b>	Payee name <b>Mailchimp</b>		
Amount (\$) <b>117.26</b>	Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertising Expense</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Marina A. Gavito</b> Office sought <b>Council District 8</b> Office held <b>None</b>			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>3 of 5</b>	<b>2</b> FILER NAME <b>Marina A Gavito</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/3/2024</b>	<b>5</b> Payee name <b>The Board Couple</b>		
<b>6</b> Amount (\$) <b>154.25</b>	<b>7</b> Payee address; City; State; Zip Code <b>2218 N Zarzamora St San Antonio, TX 78201</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		<b>(b)</b> Description <b>Solicitation/Fundraising Expense</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Marina A. Gavito</b> Office sought <b>Council District 8</b> Office held <b>None</b>			
Date <b>10/28/2024</b>	Payee name <b>Mailchimp</b>		
Amount (\$) <b>117.26</b>	Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertising Expense</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Marina A. Gavito</b> Office sought <b>Council District 8</b> Office held <b>None</b>			
Date <b>11/4/2024</b>	Payee name <b>GoDaddy</b>		
Amount (\$) <b>66.51</b>	Payee address; City; State; Zip Code <b>2155 E. GoDaddy Way Tempe, AZ 85284</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertising Expense</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Marina A. Gavito</b> Office sought <b>Council District 8</b> Office held <b>None</b>			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>4 of 5</b>	<b>2</b> FILER NAME <b>Marina A Gavito</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/8/2024</b>	<b>5</b> Payee name <b>H-E-B</b>		
<b>6</b> Amount (\$) <b>25.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>999 EAST BASSE ROAD San Antonio, TX 78209</b>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		<b>(b)</b> Description <b>Food/Beverage Expense</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Marina A. Gavito</b> Office sought <b>Council District 8</b> Office held <b>None</b>			
Date <b>11/12/2024</b>	Payee name <b>Viva Politics</b>		
Amount (\$) <b>5897.53</b>	Payee address; City; State; Zip Code <b>1850 Fredericksburg Rd San Antonio, TX 78201</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Consulting Expense</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Marina A. Gavito</b> Office sought <b>Council District 8</b> Office held <b>None</b>			
Date <b>11/27/2024</b>	Payee name <b>Mailchimp</b>		
Amount (\$) <b>117.26</b>	Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Advertising Expense</b>
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH         Candidate / Officeholder name <b>Marina A. Gavito</b> Office sought <b>Council District 8</b> Office held <b>None</b>			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>5 of 5</b>	<b>2</b> FILER NAME <b>Marina A Gavito</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/31/2024</b>	<b>5</b> Payee name <b>Anedot Fee</b>	
<b>6</b> Amount (\$) <b>158.40</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street #1770 New Orleans, LA 70112</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Marina A. Gavito</b>	Office sought <b>Council District 8</b> Office held <b>None</b>

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Marina A Gavito</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

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

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F3:  
**1 of 1**

**2** FILER NAME  
**Marina A Gavito**

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom investment is purchased

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

**7** Description of investment

**8** Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Marina A Gavito</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
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<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

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

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

  

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

  

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

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Marina A Gavito</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name		
<b>6</b> Amount (\$)	<b>7</b> Payee address;                      City;      State;      Zip Code		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category    (See instructions for examples of acceptable categories.)	<b>(b)</b> Description    (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category    (See instructions for examples of acceptable categories.)	Description    (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category    (See instructions for examples of acceptable categories.)	Description    (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category    (See instructions for examples of acceptable categories.)	Description    (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;                      City;      State;      Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category    (See instructions for examples of acceptable categories.)	Description    (See instructions regarding type of information required.)	

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

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

☐ Check if political contribution returned to filer

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

**SCHEDULE T**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: <b>1 of 1</b>
<b>2</b> FILER NAME <b>Marina A Gavito</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

C/OH NAME  
**Marina A Gavito**

Filer ID (Ethics Commission Filers)

## SIGNATURE

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

\_\_\_\_\_  
Signature of Candidate / Officeholder

## FILER WHO IS NOT AN OFFICEHOLDER

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

### A. CAMPAIGN FUNDS

Check only one:

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

### B. ASSETS

Check only one:

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

\_\_\_\_\_  
Signature of Candidate

## OFFICEHOLDER

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

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

\_\_\_\_\_  
Signature of Officeholder