

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: 32	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Marina	MI A	OFFICE USE ONLY Date Received 7/15/2024 4:22:32PM	
	NICKNAME	LAST Gavito	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1850 Fredericksburg San Antonio TX 78201				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 867-7342	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ed	MI	Receipt #	Amount \$
	NICKNAME	LAST Garza	SUFFIX	Date Processed 7/15/2024 4:22:32PM	
	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1850 Fredericksburg San Antonio TX 78201				
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER -	EXTENSION		
9 REPORT TYPE	July 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year 1/1/2024 THROUGH 6/30/2024				
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description		
12 OFFICE	OFFICE HELD (if any) Council District 7		13 OFFICE SOUGHT (if known) Council District 7		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Marina A Gavito	15 Filer ID (Ethics Commission Filers)
---	---

16 NOTICE FROM POLITICAL COMMITTEE(S)	<small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small>
--	--

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
---	--

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 89.11
	4. TOTAL POLITICAL EXPENDITURES	\$ 3380.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21384.54
OUTSTANDING LOAN TOTALS	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 **July**, **2024**, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Marina A Gavito		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14925.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3380.66
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 12

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
1/16/2024

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**215 N Center St. #1808
San Antonio, TX 78202**

8 Principal occupation / Job title (See instructions)
Owner

9 Employer (See instructions)
Capital Electric

Date
1/16/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**215 N Center St. #1808
San Antonio, TX 78202**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Capital Electric

Date
3/3/2024

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**304 Sadie St
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
Dentist m

Employer (See instructions)
Advanced smile care

Date
3/20/2024

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**3036 West North Avenue
Chicago, IL 60647**

Principal occupation / Job title (See instructions)
Executive Assistant

Employer (See instructions)
CCC Intelligent 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:
2 of 12

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
3/22/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Marc A. Rodriguez

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1122 Colorado St
Austin, TX 78701**

8 Principal occupation / Job title (See instructions)
Lobbyist

9 Employer (See instructions)
Offices of Marc A. Rodriguez

Date
3/22/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1122 Colorado St
Austin, TX 78701**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Offices of Marc A. Rodriguez

Date
3/22/2024

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

Amount of contribution (\$)
500.00

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

Principal occupation / Job title (See instructions)
Partner

Employer (See instructions)
RPSA Attorneys at Law

Date
3/24/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3318 Sable Creek
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Chairman

Employer (See instructions)
Welcome Tech, Inc

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 12
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cecilia E Herrera 6 Contributor address; City; State; Zip Code 105 Blackhawk Trl San Antonio , TX 78232	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) Retired
Date 3/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code PO Box 17428 Austin , TX 78760	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Self Employed
Date 3/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sara Villarreal Contributor address; City; State; Zip Code 123 Park Dr San Antonio, TX 78212	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) homemaker		Employer (See instructions) homemaker
Date 3/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pape-Dawson Engineers PAC Contributor address; City; State; Zip Code 2000 NW Loop 410 San Antonio , TX 78213	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) PAC		Employer (See instructions) PAC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 12

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/2/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Lukin T Gilliland Jr

7 Amount of contribution (\$)
250.00

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

8 Principal occupation / Job title (See instructions)
Investor

9 Employer (See instructions)
Self Employed

Date
4/2/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2454 Toftrees Dr.
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Account Executive

Employer (See instructions)
Veeam Software

Date
4/2/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7510 Quail Run Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Corporate Counsel

Employer (See instructions)
Alamo Concrete Products Company

Date
4/2/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1939 NE Interstate 410 Loop
San Antonio, TX 78217**

Principal occupation / Job title (See instructions)
Treasurer

Employer (See instructions)
SAPOA 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: 5 of 12
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory Van de Putte 6 Contributor address; City; State; Zip Code 222 Herweck Dr San Antonio, TX 78213	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Sales		9 Employer (See instructions) SGWS
Date 4/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David R Vexler Contributor address; City; State; Zip Code 312 Pereida St San Antonio , TX 78210	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Account Services		Employer (See instructions) Monterrey Iron & Metal
Date 4/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Killen Griffin & Farrimond Political Committee Contributor address; City; State; Zip Code 10101 Reunion Place San Antonio , TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) PAC		Employer (See instructions) PAC
Date 4/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Aldrete Contributor address; City; State; Zip Code 335 Country Wood Drive San Antonio, TX 78216	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) consultant		Employer (See instructions) Aldrete Strategic Partners, LLC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 12

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/3/2024

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**2454 Toftrees Dr.
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Realtor

9 Employer (See instructions)
Phyllis Brown

Date
4/3/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**200 East Myrtle
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Restaurant

Employer (See instructions)
MTC Inc.

Date
4/3/2024

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**439 Calumet place
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Executive

Employer (See instructions)
Port San Antonio

Date
4/3/2024

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

Amount of contribution (\$)
250.00

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

Principal occupation / Job title (See instructions)
CMO

Employer (See instructions)
SecureLogix

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 12

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/3/2024

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**21218 Harvest Hills
San Antonio, TX 78258**

8 Principal occupation / Job title (See instructions)
Marketing

9 Employer (See instructions)
The RK group

Date
4/3/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**6812 West Avenue
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Mosaic Land Development

Date
4/3/2024

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marisa Balderas Flores Campaign

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**439 Calumet Pl
San Antonio , TX 78209**

Principal occupation / Job title (See instructions)
Judge

Employer (See instructions)
Bexar County

Date
4/4/2024

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**415 Jackson Street #401
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Senior Manager

Employer (See instructions)
Cloudflare

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 12

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/4/2024

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**23 Queens Heath
San Antonio, TX 78257**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
4/4/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**330 e summit ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Partner

Employer (See instructions)
kellum physician partners

Date
4/5/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**19 Westelm Circle
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Managing Partner

Employer (See instructions)
Pescador Public Strategies, LLC

Date
4/10/2024

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

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
**3382 West Woodlawn
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
The MITRE Corporation

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 12

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
6/20/2024

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

7 Amount of contribution (\$)
300.00

6 Contributor address; City; State; Zip Code
**740 Barchester Dr
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date
6/26/2024

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)
unemployed

Employer (See instructions)
unemployed

Date
6/26/2024

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**4402 Golf View Drive
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)
EVP of Marketing, Branding and Comms

Employer (See instructions)
FirstDay Foundation

Date
6/26/2024

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**1861 Split Mountain
Canyon Lake, TX 78133**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Robinson General Contractors

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 12

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
6/26/2024

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

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**2719 CASTANET ST
SAN ANTONIO, TX 78230**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
6/26/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**8357 ROCHELLE RD
San Antonio, TX 78240**

Principal occupation / Job title (See instructions)
Computer Engineer

Employer (See instructions)
DXC Technology

Date
6/28/2024

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**7500 Callaghan Rd #123
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Self Employed

Employer (See instructions)
Self Employed

Date
6/28/2024

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**344 Harmon Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Contractor

Employer (See instructions)
Copperhead Construction Services

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 of 12

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
6/28/2024

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Roy R. Ramos

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**7123 Mustang Creek
San Antonio, TX 78240**

8 Principal occupation / Job title (See instructions)
Life Insurance Underwriting

9 Employer (See instructions)
USAA Life Co

Date
6/28/2024

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**222 E Quill Dr
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Senior Sales Manager

Employer (See instructions)
Fresenius Medical Care

Date
6/28/2024

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**3382 West Woodlawn Avenue
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
MITRE

Date
6/29/2024

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

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**6926 Dorothy Louise Drive
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 12
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martha Wolins 6 Contributor address; City; State; Zip Code 8357 ROCHELLE RD SAN ANTONIO, TX 78240	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Therapist		9 Employer (See instructions) Martha Wolins
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)
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)
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1	
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 4/3/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike Cortez 7 Contributor address; City; State; Zip Code 218 Produce Row San Antonio, TX 78207	8 Amount of Contribution \$ 500.00 9 In-kind contribution description Event food/drink <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Co-Owner		11 Employer (FOR NON-JUDICIAL) (See instructions) Mi Tierra	
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

1 Total pages Schedule F1: 1 of 5	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)			
4 Date 1/29/2024	5 Payee name Mailchimp					
6 Amount (\$) 117.26	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Email			
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table> <tr> <td>Candidate / Officeholder name Marina A. Gavito</td> <td>Office sought Council District 7</td> <td>Office held None</td> </tr> </table>				Candidate / Officeholder name Marina A. Gavito	Office sought Council District 7	Office held None
Candidate / Officeholder name Marina A. Gavito	Office sought Council District 7	Office held None				
Date 1/29/2024	Payee name GoDaddy					
Amount (\$) 127.79	Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Website			
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table> <tr> <td>Candidate / Officeholder name Marina A. Gavito</td> <td>Office sought Council District 7</td> <td>Office held None</td> </tr> </table>				Candidate / Officeholder name Marina A. Gavito	Office sought Council District 7	Office held None
Candidate / Officeholder name Marina A. Gavito	Office sought Council District 7	Office held None				
Date 1/30/2024	Payee name GoDaddy					
Amount (\$) 22.17	Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Website			
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table> <tr> <td>Candidate / Officeholder name Marina A. Gavito</td> <td>Office sought Council District 7</td> <td>Office held None</td> </tr> </table>				Candidate / Officeholder name Marina A. Gavito	Office sought Council District 7	Office held None
Candidate / Officeholder name Marina A. Gavito	Office sought Council District 7	Office held None				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 2 of 5	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/2024	5 Payee name GoDaddy		
6 Amount (\$) 153.38	7 Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Marina A. Gavito Office sought Council District 7 Office held None			
Date 2/27/2024	Payee name Mailchimp		
Amount (\$) 117.26	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Email
	<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 Marina A. Gavito Office sought Council District 7 Office held None			
Date 3/20/2024	Payee name Monticello Park Neighborhood Association		
Amount (\$) 250.00	Payee address; City; State; Zip Code 444 Club Dr San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description Event Sponsorship
	<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 Marina A. Gavito Office sought Council District 7 Office held None			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 5	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2024	5 Payee name Mailchimp		
6 Amount (\$) 117.26	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Email
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Marina A. Gavito Office sought Council District 7 Office held None			
Date 3/31/2024	Payee name Anedot		
Amount (\$) 102.80	Payee address; City; State; Zip Code 1340 Poydras Street #1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Fees		Description Fees
	<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 Marina A. Gavito Office sought Council District 7 Office held None			
Date 4/4/2024	Payee name SA Flavor		
Amount (\$) 1623.75	Payee address; City; State; Zip Code 11255 Huebner Rd # #203 San Antonio, TX 78230		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Fiesta Medals
	<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 Marina A. Gavito Office sought Council District 7 Office held None			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 4 of 5	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/29/2024	5 Payee name Mailchimp		
6 Amount (\$) 117.26	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description Email
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Marina A. Gavito Office sought Council District 7 Office held None			
Date 5/28/2024	Payee name Mailchimp		
Amount (\$) 117.26	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Email
	<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 Marina A. Gavito Office sought Council District 7 Office held None			
Date 6/27/2024	Payee name Mailchimp		
Amount (\$) 117.26	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Email
	<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 Marina A. Gavito Office sought Council District 7 Office held None			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 5	2 FILER NAME Marina A Gavito	3 Filer ID (Ethics Commission Filers)
4 Date 6/30/2024	5 Payee name Anedot	
6 Amount (\$) 308.10	7 Payee address; City; State; Zip Code 1340 Poydras Street #1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Fees	(b) Description Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Marina A. Gavito	Office sought Council District 8 Office held None

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Marina A Gavito	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

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

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

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

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

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

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

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

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

--	--	--	--

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

1 Total pages Schedule F4: 1 of 1	2 FILER NAME Marina A Gavito	3 Filer ID (Ethics Commission Filers)
--	---	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	-------------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

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

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

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form

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

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

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

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

The Instruction Guide explains how to complete this form

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME 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 (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

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

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

C/OH NAME
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