

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: 34	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Marina	MI A	OFFICE USE ONLY	
	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			Date Received 1/15/2024 5:26:54PM	
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 1/15/2024 5:26:54PM	
	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	January 15: Semi-Annual				
10 PERIOD COVERED	Month Day Year Month Day Year 7/1/2023 THROUGH 12/31/2023				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	<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)
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16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
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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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15499.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 27.93
	4. TOTAL POLITICAL EXPENDITURES	\$ 19793.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13602.55
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 January, 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	\$ 15499.87
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19793.50
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 13

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
9/12/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Frank Burney

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**112 East Pecan Street #1616
San Antonio, TX 78205**

8 Principal occupation / Job title (See instructions)
Attorney

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

Date
9/13/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**8127 N. New Braunfels #801
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Consultant

Employer (See instructions)
Andrade - Van de Putte

Date
9/14/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Henry Van de Putte III

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**803 West Oltorf Street
Austin, TX 78704**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Meals on Wheels Central Texas

Date
9/19/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**1302 W Bitters #1200
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Founder

Employer (See instructions)
Gordon Hartman Foundation

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 13

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
9/20/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Sarah McLornan

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)
homemaker

Date
9/22/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
daniel and 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)
physician

Employer (See instructions)
kellum physician partners

Date
9/25/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Robert Worth Jr

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**270 Terrell Road
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Commercial Real Estate Developer

Employer (See instructions)
Worth & Associates

Date
9/25/2023

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

Amount of contribution (\$)
50.00

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 13

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
9/25/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Preston Woolfolk

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**7743 Winecup Hill
San Antonio, TX 78256-1640**

8 Principal occupation / Job title (See instructions)
President

9 Employer (See instructions)
Documation, Inc

Date
9/27/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**312 Pearl Parkway #4909
San Antonio, TX 78215**

Principal occupation / Job title (See instructions)
Legal Marketing

Employer (See instructions)
Self

Date
9/27/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**134 W Mistletoe Ave
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Capitall Partner

Employer (See instructions)
Watts Guerra LLP

Date
9/27/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ellen R Clark

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**930 East Sunshine Drive
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 13
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 9/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adel Hernandez 6 Contributor address; City; State; Zip Code 506 Royal Court San Antonio, TX 78228-2032	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) retired
Date 9/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sharon Whitley Contributor address; City; State; Zip Code 8323 Dawnwood Dr San Antonio, TX 78250	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) retired		Employer (See instructions) retired
Date 9/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Javier Bocanegra Contributor address; City; State; Zip Code 6505 Laurel Hill Dr San Antonio, TX 78229	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Doctor		Employer (See instructions) Community Family Medicine
Date 9/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Javier Bocanegra Contributor address; City; State; Zip Code 6505 Laurel Hill Dr San Antonio, TX 78229	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Doctor		Employer (See instructions) Community Family Medicine
<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:
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2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
9/28/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Laura Cabanilla

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**3334 Nantucket Dr
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)
Financial

9 Employer (See instructions)
USAA

Date
9/28/2023

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**4306 Muirfield Dr
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
N/a

Date
9/28/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**101 101 Linda Dr
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
n/a

Date
9/28/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**150 East Lynwood Avenue
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Engineering Manager

Employer (See instructions)
AMD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
9/28/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Frank Herrera

7 Amount of contribution (\$)
500.00

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

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
The Herrera Law Firm

Date
9/28/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**PO Box 12037
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Director of Government Relations

Employer (See instructions)
Francis Energy LLC

Date
9/28/2023

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**8503 Honiley
San Antonio, TX 78254**

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
Retired

Date
9/28/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**28 Grantham Glen
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Civil Engineer

Employer (See instructions)
Parra & Co

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
9/28/2023

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

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
2101 W. Summit Ave
San Antonio, TX 78201

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
n/a

Date
9/28/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
1414 Fulton Avenue
San Antonio, TX 78201

Principal occupation / Job title (See instructions)
Manager

Employer (See instructions)
DaVita Kidney Care

Date
9/28/2023

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
3711 River Falls
San Antonio, TX 78259

Principal occupation / Job title (See instructions)
Retired

Employer (See instructions)
n/a

Date
9/28/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Martha G Sepeda

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
2420 McCullough Avenue #122
San Antonio, TX 78212

Principal occupation / Job title (See instructions)
retired

Employer (See instructions)
retired

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 13

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
9/28/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jane Velasquez

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**5939 Woodridge Rock
San Antonio, TX 78249**

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
N/a

Date
9/28/2023

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
**1322 E Houston St
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
n/a

Employer (See instructions)
n/a

Date
9/28/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**112 E Pecan St #1350
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
n/a

Employer (See instructions)
n/a

Date
9/28/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 6323
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
n/a

Employer (See instructions)
PAC

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 13
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oscar Maron 6 Contributor address; City; State; Zip Code 2127 W Magnolia Ave San Antonio, TX 78201	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See instructions) retired		9 Employer (See instructions) n/a
Date 9/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Agather Contributor address; City; State; Zip Code 300 West French Pl San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Musician		Employer (See instructions) AIC
Date 9/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Basaldua Contributor address; City; State; Zip Code 3 Woltwood San Antonio, TX 78248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) VersaTerra
Date 9/28/2023	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: 10 of 13
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Caroline McDonald 6 Contributor address; City; State; Zip Code 100 NE Loop 410 #1385 San Antonio, TX 78216	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Brown & McDonald
Date 9/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken Brown Contributor address; City; State; Zip Code 100 NE Loop 410 #1385 San Antonio, TX 78216	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Brown & McDonald
Date 9/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerald Lee Contributor address; City; State; Zip Code 8127 N. New Braunfels #801 San Antonio, TX 78209	Amount of contribution (\$) 150.00
Principal occupation / Job title (See instructions) Lobbyist		Employer (See instructions) Andrade - Van de Putte & Associates
Date 9/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elisa Bernal Contributor address; City; State; Zip Code 3010 Whisper Fern San Antonio, TX 78230	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) n/a
<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:
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2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
9/29/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Ivan Jaime

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**3830 Balentine
San Antonio, TX 78257**

8 Principal occupation / Job title (See instructions)
Director

9 Employer (See instructions)
Walmart

Date
10/1/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Justin Rodriguez Campaign Fund

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 100153
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Comissioner

Employer (See instructions)
Bexar County

Date
10/4/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**326 Big Oak Dr
Adkins, TX 78101**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Texas Towing

Date
10/5/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2047 Rigsby
San Antonio, TX 78210**

Principal occupation / Job title (See instructions)
CEO

Employer (See instructions)
Clay Jackson 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: 12 of 13
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George Gavito 6 Contributor address; City; State; Zip Code 1931 W French Pl San Antonio, TX 78201	7 Amount of contribution (\$) 24.87
8 Principal occupation / Job title (See instructions) Realtor		9 Employer (See instructions) The Agency
Date 11/1/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack Vexler Contributor address; City; State; Zip Code 201 Charles Rd San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) Monterrey Iron & Metal Recycling
Date 11/6/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Jordan Vexler Contributor address; City; State; Zip Code 127 E Mulberry San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) COO		Employer (See instructions) Monterrey Iron & Metal Recycling
Date 11/10/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00002089) CWA Political Action Fund Contributor address; City; State; Zip Code 501 3rd Street NW Washington, DC 20001	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: 13 of 13
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) USAA Employee PAC 6 Contributor address; City; State; Zip Code 9800 Fredricksburg Rd San Antonio, TX 78288	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) PAC		9 Employer (See instructions) PAC
Date 12/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greg Kowalski Contributor address; City; State; Zip Code PO Box 1361 San Antonio, TX 78295	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) CEO		Employer (See instructions) RK Group
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	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

1 Total pages Schedule F1: 1 of 6	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/2023	5 Payee name Marina A Gavito		
6 Amount (\$) 24.87	7 Payee address; City; State; Zip Code 1850 Fredericksburg Rd San Antonio, TX 78201		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Loan Repayment / Reimbursement		(b) Description Reimbursement
	(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 7/22/2023	Payee name Prestige Printing		
Amount (\$) 3117.60	Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Printing
	<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 7/25/2023	Payee name Norma Denham		
Amount (\$) 6905.00	Payee address; City; State; Zip Code PO Box 461753 San Antonio, TX 78246		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Fundraising
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name 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 6	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 7/27/2023	5 Payee name Mailchimp		
6 Amount (\$) 106.60	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 8/28/2023	Payee name Mailchimp		
Amount (\$) 106.60	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 9/27/2023	Payee name Mailchimp		
Amount (\$) 106.60	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: 3 of 6	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/2023	5 Payee name Dulce Suenos		
6 Amount (\$) 683.31	7 Payee address; City; State; Zip Code 1904 Fredericksburg Rd San Antonio, TX 78201		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Soliciation/Fundraising Expense		(b) Description Event
	(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 9/29/2023	Payee name Dulce Suenos		
Amount (\$) 109.31	Payee address; City; State; Zip Code 1904 Fredericksburg Rd San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Soliciation/Fundraising Expense		Description Event
	<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name Marina A. Gavito	Office sought Council District 7	Office held None

Date 9/30/2023	Payee name Anedot		
Amount (\$) 235.60	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 Transaction 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

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 6	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/2023	5 Payee name Little Ceasars		
6 Amount (\$) 41.62	7 Payee address; City; State; Zip Code 2002 Fredericksburg Rd San Antonio, TX 78201		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Food/Beverage Expense		(b) Description Event food
	(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 10/4/2023	Payee name Viva Politics		
Amount (\$) 6850.00	Payee address; City; State; Zip Code 1850 Fredericksburg Rd San Antonio, TX 78201		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Campaign Management
	<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 10/17/2023	Payee name Flagship Campaigns		
Amount (\$) 750.00	Payee address; City; State; Zip Code 56 Oak Villa Rd Canyon Lake, TX 78133		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense		Description Field data
	<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			

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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 6	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2023	5 Payee name Audrey Brunner		
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 512 W Euclid San Antonio, TX 07212		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Event staff
	(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 10/27/2023	Payee name Mailchimp		
Amount (\$) 106.60	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 11/27/2023	Payee name Mailchimp		
Amount (\$) 106.60	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: 6 of 6	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 12/5/2023	5 Payee name HEB		
6 Amount (\$) 198.00	7 Payee address; City; State; Zip Code 2118 Fredericksburg Rd San Antonio, TX 78202		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Other		(b) Description Stamps
	(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 12/27/2023	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	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule G: 1 of 1	2 FILER NAME 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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule H: 1 of 1	2 FILER NAME 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		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME 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.)	

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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

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;"> <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;"> <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;"> <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;"> <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)	

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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