

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: 44	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Marina	MI A	OFFICE USE ONLY Date Received 6/20/2023 11:54:42AM	
	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 6/20/2023 11:54:42AM	
	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	8th Day Before General Election				
10 PERIOD COVERED	Month Day Year 3/28/2023 THROUGH 4/26/2023				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year 5/6/2023	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) None		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.

COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Better SA PAC COMMITTEE ADDRESS 3510 N St. Marys #300 San Antonio TX 78212 COMMITTEE CAMPAIGN TREASURER NAME Cabell Hobbs COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 341027 Austin TX 78734
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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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24539.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 322.66
	4. TOTAL POLITICAL EXPENDITURES	\$ 38589.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20992.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2075.00

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 20th day of June, 2023, 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2 - A

The Instruction Guide explains how to complete this form.

1 Total pages:
1 of 1

2 FILER NAME

Marina A Gavito

3 Filer ID (Ethics Commission filers)

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.

NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

San Antonio Equity Alliance

COMMITTEE ADDRESS

PO Box 15751
San Antonio TX 78212

COMMITTEE CAMPAIGN TREASURER NAME

John Agather

COMMITTEE CAMPAIGN TREASURER ADDRESS

PO Box 15751
San Antonio TX 78212

NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

NOTICE
FROM
POLITICAL
COMMITTEE(S)

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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	\$ 23789.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00
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	\$ 38589.92
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 20

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
3/28/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Mitzi Ruiz

7 Amount of contribution (\$)
25.00

6 Contributor address; City; State; Zip Code
**16018 Encino Viejo St
San Antonio, TX 78232**

8 Principal occupation / Job title (See instructions)
director of program management

9 Employer (See instructions)
USAA

Date
3/28/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**229 West Rosewood Avenue
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Casillas Law Firm PLLC

Date
3/28/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**11 Orsinger Hill
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Teacher

Employer (See instructions)
SAISD

Date
3/28/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**5938 Creekway Street
San Antonio, TX 78247**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
ARIVA

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 20
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vanessa Van de Putte 6 Contributor address; City; State; Zip Code 1204 West Magnolia Avenue San Antonio, TX 78201	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) President & CEO		9 Employer (See instructions) Dixie Flag and Banner Company
Date 3/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adela Gonzalez Contributor address; City; State; Zip Code 18610 Tuscany Stone #1320 San Antonio, TX 78258	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) n/a
Date 3/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anne-Marie Grube Contributor address; City; State; Zip Code 2136 W Summit Ave San Antonio, TX 78201	Amount of contribution (\$) 200.00
Principal occupation / Job title (See instructions) COO		Employer (See instructions) Northwestern Mutual
Date 3/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joel Perez Contributor address; City; State; Zip Code 26346 Hackney Ln. SAN ANTONIO, TX 78260	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) CPA		Employer (See instructions) RSM
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 20

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
3/29/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Patricia Stout

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
**13406 Orchard Ridge
San Antonio, TX 78231**

8 Principal occupation / Job title (See instructions)
Business owner

9 Employer (See instructions)
The Alamo Travel Group

Date
3/29/2023

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

Amount of contribution (\$)
100.00

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

Principal occupation / Job title (See instructions)
Sr Project Manager IS

Employer (See instructions)
H-E-B

Date
3/30/2023

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**10739 Kobort Canyon
Helotes, TX 78023**

Principal occupation / Job title (See instructions)
Quality Inspector

Employer (See instructions)
Toyota

Date
3/30/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**8406 Magdalena Run
San Antonio, TX 78023**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Addison Prime

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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 20

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
3/31/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Adel Hernandez

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
**506 Royal Court
San Antonio, TX 78228**

8 Principal occupation / Job title (See instructions)
retired

9 Employer (See instructions)
retired

Date
4/1/2023

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**7415 Quail Run Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
self-employed

Employer (See instructions)
Patti Larsen Consulting

Date
4/2/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Trey Martinez Fischer Campaign

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**104 Babcock #107
San Antonio, TX 78201**

Principal occupation / Job title (See instructions)
Campaign Account

Employer (See instructions)
Campaign Account

Date
4/3/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**3914 Royal Forest
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Chief Consumer Officer

Employer (See instructions)
Frost Bank

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 20

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/4/2023

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

7 Amount of contribution (\$)
250.00

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)
retired

Date
4/4/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 23129
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
Crockett Urban Ventures

Date
4/4/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**727 Elizabeth Road
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Self employed

Employer (See instructions)
FEIK Enterprises

Date
4/4/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**235 Ammann Road
Boerne, TX 78015**

Principal occupation / Job title (See instructions)
Banker

Employer (See instructions)
Independent Financial

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: 6 of 20
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kacy Cigarroa 6 Contributor address; City; State; Zip Code 18 Gallery Court San Antonio, TX 78209	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See instructions) Attorney		9 Employer (See instructions) Kruger Carson PLLC
Date 4/4/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valeree Villanueva Contributor address; City; State; Zip Code 677 Creekside Way #1128 New Braunfels, TX 78130	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Supervisor		Employer (See instructions) U.S. Department of Justice
Date 4/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casandra Ortiz Contributor address; City; State; Zip Code 9103 Mellbrook St. San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Kassahn & Ortiz Law Firm
Date 4/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James McKnight Contributor address; City; State; Zip Code 2019 Flint Oak San Antonio, TX 78248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Ortiz McKnight PLLC
<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:
7 of 20

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/5/2023

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
4/5/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3 Woltwood
San Antonio, TX 78246**

Principal occupation / Job title (See instructions)
President

Employer (See instructions)
VersaTerra

Date
4/5/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3 Woltwood
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)
Peditrician

Employer (See instructions)
Here We Grow

Date
4/5/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**PO Box 17428
Austin, TX 78760**

Principal occupation / Job title (See instructions)
Managing Partner

Employer (See instructions)
Linebarger Goggan Blair & Sampson, LLP

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 20
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Ortiz 6 Contributor address; City; State; Zip Code 9103 Mellbrook St. San Antonio, TX 78230	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Lawyer		9 Employer (See instructions) Ortiz McKnight PLLC
Date 4/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pete Cortez Contributor address; City; State; Zip Code 200 East Myrtle Street San Antonio, TX 78212	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Foodservice		Employer (See instructions) La Familia Cortez Restaurants
Date 4/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kimberly McKnight Contributor address; City; State; Zip Code 2019 Flint Oak San Antonio, TX 78248	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Unemployed		Employer (See instructions) NA
Date 4/5/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eduardo Parra Contributor address; City; State; Zip Code 7323 Eagle Ledge San Antonio, TX 78249	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Civil Engineer		Employer (See instructions) Parra & Co
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 20

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/5/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Restaurant Association San Antonio Chapter

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**PO Box 691090
San Antonio, TX 78269**

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

9 Employer (See instructions)
n/a

Date
4/6/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**123 Lexington Avenue #1604
San Antonio, TX 78205**

Principal occupation / Job title (See instructions)
Entrepreneur

Employer (See instructions)
Self

Date
4/6/2023

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

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
**1618 Hillcrest
San Antonio, TX 78228**

Principal occupation / Job title (See instructions)
None

Employer (See instructions)
N/A

Date
4/10/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**22346 Fossil Ridge
San Antonio, TX 78261**

Principal occupation / Job title (See instructions)
Construction

Employer (See instructions)
SACC, 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: 10 of 20
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alyssa Kattiyaman 6 Contributor address; City; State; Zip Code 1838 South Morgan Street #2 Chicago, IL 60608	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See instructions) Finance		9 Employer (See instructions) thyssenkrupp
Date 4/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) P. Russell Yeager Contributor address; City; State; Zip Code 8110 Pintado Lane San Antonio, TX 78015	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Civil Engineering		Employer (See instructions) WGI Engineering
Date 4/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wynn Fulghum Contributor address; City; State; Zip Code 6006 Clarewood Dr Houston, TX 77081	Amount of contribution (\$) 25.00
Principal occupation / Job title (See instructions) Sales		Employer (See instructions) Polynovo
Date 4/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Baumann Contributor address; City; State; Zip Code 1423 Heatherton Drive Naperville, IL 60563	Amount of contribution (\$) 50.00
Principal occupation / Job title (See instructions) Executive Assistant		Employer (See instructions) CCC Intelligent Solutions
<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:
11 of 20

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/13/2023

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**14318 Dona Ana Dr
Helotes, TX 78023**

8 Principal occupation / Job title (See instructions)
Physician Assistant

9 Employer (See instructions)
BMI of Texas

Date
4/13/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ana Lisa Padron

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**511 Dawson Street
San Antonio, TX 78202**

Principal occupation / Job title (See instructions)
Chief of Staff

Employer (See instructions)
IDEA Public Schools

Date
4/14/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**112 Savoy Cir
Nashville, TN 37205**

Principal occupation / Job title (See instructions)
Sr Director

Employer (See instructions)
HCA Healthcare

Date
4/14/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**129 Haskin Dr
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Jims Restaurants

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 20

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/14/2023

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**PO Box 33240
San Antonio, TX 78265**

8 Principal occupation / Job title (See instructions)
Chairman of the Board

9 Employer (See instructions)
Zachary Corporation

Date
4/14/2023

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

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
**537 Abiso Avenue
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Executive Director

Employer (See instructions)
San Antonio Charter Moms

Date
4/14/2023

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

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
**1170 Cherry Avenue #10
Long Beach, CA 90813**

Principal occupation / Job title (See instructions)
Executive Assistant

Employer (See instructions)
Human-I-T

Date
4/16/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**7 Cotswold Lane
San Antonio, TX 78257**

Principal occupation / Job title (See instructions)
Engineer

Employer (See instructions)
Villagomez Engineering Company

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:
13 of 20

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/17/2023

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**25219 Doral Crest
San Antonio, TX 78260**

8 Principal occupation / Job title (See instructions)
Attorney

9 Employer (See instructions)
Self

Date
4/17/2023

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

Amount of contribution (\$)
99.00

Contributor address; City; State; Zip Code
**9202 Standing Creek
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Ledas Outlet

Date
4/18/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2727 Sonata Park
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
The Herrera Law Firm

Date
4/18/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**2727 Sonata Park
San Antonio, TX 78230**

Principal occupation / Job title (See instructions)
Social Worker

Employer (See instructions)
VA

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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: 14 of 20
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Garza 6 Contributor address; City; State; Zip Code 5902 Fermi San Antonio, TX 78228	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See instructions) Retired		9 Employer (See instructions) N/A
Date 4/18/2023	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 (\$) 250.00
Principal occupation / Job title (See instructions) Consultant		Employer (See instructions) Andrade - Van de Putte & Associates
Date 4/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michelle Shaw Contributor address; City; State; Zip Code 735 E Nottingham Dr San Antonio, TX 78209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Lawyer		Employer (See instructions) Martinez, Dieterich and Zarcone
Date 4/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Avila Contributor address; City; State; Zip Code 5 Remington Way San Antonio, TX 78258	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Attorney		Employer (See instructions) Bracewell LLP
<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:
15 of 20

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/19/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Stonewall Democrats of San Antonio

7 Amount of contribution (\$)
200.00

6 Contributor address; City; State; Zip Code
**PO Box 12814
San Antonio, TX 78212**

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

9 Employer (See instructions)
N/A

Date
4/20/2023

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

Amount of contribution (\$)
80.00

Contributor address; City; State; Zip Code
**1503 Old Lystra Road
Chapel Hill, NC 27517**

Principal occupation / Job title (See instructions)
Associate

Employer (See instructions)
Lowes

Date
4/20/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**369 Club Drive
SAN ANTONIO, TX 78201**

Principal occupation / Job title (See instructions)
ELECTRICIAN

Employer (See instructions)
DAVILA ELECTRIC

Date
4/23/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**18015 Granite Hill Dr
San Antonio, TX 78255**

Principal occupation / Job title (See instructions)
Owner

Employer (See instructions)
Sunshine montessori Academy

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: 16 of 20
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vamsi Rasamallu 6 Contributor address; City; State; Zip Code 18015 Granite Hill Dr San Antonio, TX 78255	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Software Engineer		9 Employer (See instructions) USAA
Date 4/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Irene Elizondo Contributor address; City; State; Zip Code 3451 W Woodlawn Ave San Antonio, TX 78228	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) Retired
Date 4/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Srilakshmi Musham Contributor address; City; State; Zip Code 14003 Jubilee Way Helotes, TX 78023	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Retired		Employer (See instructions) n/a
Date 4/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mission Business PAC Contributor address; City; State; Zip Code PO Box 2153 Universal City, TX 78148	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) N/A		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:
17 of 20

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/25/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Vijay Gunuganti

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**224 Newbury Terrace
San Antonio, TX 78209**

8 Principal occupation / Job title (See instructions)
Oncologist

9 Employer (See instructions)
Texas Oncology - Cancer Care Centers of South Texas

Date
4/25/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**224 Newbury Terrace
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)
Stay at Home

Employer (See instructions)
None

Date
4/25/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Venkatsairam R Gurram

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**584 Bomar St
Houston, TX 77006**

Principal occupation / Job title (See instructions)
Developer

Employer (See instructions)
Gurram Properties

Date
4/25/2023

Full name of contributor ☐ out-of-state PAC (ID# _____)
Arden D Gurram

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**584 Bomar St
Houston, TX 77006**

Principal occupation / Job title (See instructions)
Attorney

Employer (See instructions)
Orrick, Herrington & Sutcliffe LLP

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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:
18 of 20

2 FILER NAME
Marina A Gavito

3 Filer ID (Ethics Commission Filers)

4 Date
4/25/2023

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Umang Shah

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**3 Birnam Oaks
San Antonio, TX 78248**

8 Principal occupation / Job title (See instructions)
Cardiologist

9 Employer (See instructions)
Baptist Medical Network

Date
4/25/2023

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

Amount of contribution (\$)
100.00

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

Date
4/25/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3511 Bent Holw
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
IT Specialist

Employer (See instructions)
Air Force

Date
4/25/2023

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**3511 Bent Holw
San Antonio, TX 78259**

Principal occupation / Job title (See instructions)
Database Administrator

Employer (See instructions)
USAA

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: 19 of 20
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nandkishore Reddy Gurram 6 Contributor address; City; State; Zip Code 86 Regents Park San Antonio, TX 78230	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See instructions) Cardiologist		9 Employer (See instructions) Baptist Medical Network
Date 4/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashakiran Reddy Gurram Contributor address; City; State; Zip Code 86 Regents Park San Antonio, TX 78230	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions) Internal Medicine		Employer (See instructions) Veterans Health Administration
Date 4/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Geoffrey D Shaw Contributor address; City; State; Zip Code 11315 Massive Mt Helotes, TX 78023	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions) Claims Department		Employer (See instructions) USAA
Date 4/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leticia Ocampo Contributor address; City; State; Zip Code 808 Avenida De Leon Rancho Viejo, TX 78575	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions) Yoga Instructor		Employer (See instructions) Golds Gym
<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: <div style="text-align: right;">20 of 20</div>
2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Saldivar Luna 6 Contributor address; City; State; Zip Code 5103 Slayden San Antonio, TX 78228	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See instructions) self-employed		9 Employer (See instructions) Self-Employed
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)

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 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 4/5/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Cortez 7 Contributor address; City; State; Zip Code 218 Produce Row San Antonio, TX 78207	8 Amount of Contribution \$ 250.00 9 In-kind contribution description Breakfast Tacos <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 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 4/6/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaime Kolwaski Contributor address; City; State; Zip Code 21218 Harvest Hills San Antonio, TX 78258	Amount of Contribution \$ 500.00 In-kind contribution description Event food / drink <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) VP		Employer (FOR NON-JUDICIAL) (See instructions) RK Group
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)

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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 8	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/2023	5 Payee name Prestige Printing		
6 Amount (\$) 733.94	7 Payee address; City; State; Zip Code 8 Burwood Ln San Antonio, TX 78216		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description Print material
	(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 3/28/2023	Payee name Viva Politics		
Amount (\$) 5500.00	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 Manager- Laura Barbaena
	<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 3/29/2023	Payee name Anedot		
Amount (\$) 50.00	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 Return Item ?
	<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 8	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2023	5 Payee name Claudia Whitfield		
6 Amount (\$) 75.00	7 Payee address; City; State; Zip Code 1835 Steves Ave San Antonio, TX 78210		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Paid Blockwalker
	(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 4/3/2023	Payee name Alamo Mailing Co		
Amount (\$) 4000.36	Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Mailer
	<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 4/3/2023	Payee name JVC Media		
Amount (\$) 341.00	Payee address; City; State; Zip Code 7113 San Pedro Ave #391 San Antonio, TX 78216		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description T-shirts
	<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 8	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2023	5 Payee name Flagship Campaigns		
6 Amount (\$) 3000.00	7 Payee address; City; State; Zip Code 56 Oak Villa Rd Canyon Lake, TX 78133		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling Expense		(b) Description Field data
	(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 4/17/2023	Payee name Alamo Mailing Co		
Amount (\$) 3948.96	Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense		Description Mailer
	<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 4/18/2023	Payee name Prestige Printing		
Amount (\$) 2202.89	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 Mailer 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			

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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: 4 of 8	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2023	5 Payee name Viva Politics		
6 Amount (\$) 5500.00	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) Salaries/Wages/Contract Labor		(b) Description Laura Barbaena
	(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 4/20/2023	Payee name Station Café		
Amount (\$) 24.91	Payee address; City; State; Zip Code 108 King William St San Antonio, TX 78204		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Food/Beverage Expense		Description Team Lunch
	<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 4/21/2023	Payee name Rosalinda Ramos		
Amount (\$) 900.00	Payee address; City; State; Zip Code 8230 Meadow Sun St. San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Paid Blockwalker
	<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 8	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2023	5 Payee name Alexander Garcia		
6 Amount (\$) 320.00	7 Payee address; City; State; Zip Code 114 Tipperary Ave. San Antonio, TX 78223		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Paid Blockwalker
	(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 4/21/2023	Payee name Rosemarie Merino		
Amount (\$) 900.00	Payee address; City; State; Zip Code 8230 Meadow Sun St. San Antonio, TX 78251		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Paid Blockwalker
	<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 4/21/2023	Payee name HeroSpace		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 732 Stoneway Dr San Antonio, TX 78258		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		Description Digital Ads
	<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: 6 of 8	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2023	5 Payee name Christine Garza		
6 Amount (\$) 460.00	7 Payee address; City; State; Zip Code 2131 S Navidad St San Antonio, TX 78251		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Paid Blockwalker
	(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 4/24/2023	Payee name Michelle Cantu		
Amount (\$) 460.00	Payee address; City; State; Zip Code 4911 Bluff St San Antonio, TX 78228		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Paid Blockwalker
	<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 4/24/2023	Payee name Tina Acosta		
Amount (\$) 320.00	Payee address; City; State; Zip Code 3435 East Southcross Blvd. #1103 San Antonio, TX 78223		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Paid Blockwalker
	<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: 7 of 8	2 FILER NAME Marina A Gavito		3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2023	5 Payee name Michelle Garcia		
6 Amount (\$) 320.00	7 Payee address; City; State; Zip Code 114 Tipperary Ave. San Antonio, TX 78223		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Paid Blockwalker
	(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 4/24/2023	Payee name Prestige Printing		
Amount (\$) 2363.10	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 Mailer 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 4/24/2023	Payee name Prestige Printing		
Amount (\$) 1852.16	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 Mailer 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			

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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: 8 of 8	2 FILER NAME Marina A Gavito	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/2023	5 Payee name Mailchimp	
6 Amount (\$) 78.35	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 distro
	(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 4/24/2023	Payee name Alamo Mailing Co	
Amount (\$) 3481.79	Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Mailer
	<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 4/25/2023	Payee name Anedot	
Amount (\$) 434.80	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 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

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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 (\$)

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

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

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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; 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		
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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